

Patient Information for SG Pediatrics of Lake Orion

(BLACK INK ONLY)

Patient's Name _____ Date of Birth _____ Sex _____

LIST OF ANY DRUG ALLERGIES _____

Patient's Name _____ Date of Birth _____ Sex _____

LIST OF ANY DRUG ALLERGIES _____

***I give permission to place this form in each of the above patient's chart** _____

Mother's (Legal Guardian) Name _____ Date of Birth _____

Mother's Address _____ City _____ State _____ Zip _____

Mother's Employer _____ Work Address _____

Mother's Home Phone () _____ Work () _____ Cell () _____

Father's (Legal Guardian) Name _____ Date of Birth _____

Father's Address _____ City _____ State _____ Zip _____

Father's Employer _____ Work Address _____

Father's Home Phone () _____ Work () _____ Cell () _____

Emergency Contact Person _____ Phone () _____

(Someone not from the same household)

Referred to this office by: _____

New Required Information:

Ethnicity: Hispanic/Latino Non-Hispanic/Latino Refused to Report

Race: American Indian, Alaskan Native, Asian, Black/African American, Hispanic, Native Hawaiian, White, Other

Language: English, Indian, Spanish, Russian, Other

Pharmacy: _____

This office may *ePrescribe* and view my external history prescriptions: YES or NO (answer required)

Email Address: _____

Insurance Claim Authorization

In order to submit a claim for services covered under your policy, we must have authorization to release all medical information to your insurance carrier. Your signature authorized the release of any medical information necessary to process your claim and request payment of benefits to the insured party who accepts assignment.

Signature _____ Date _____

Responsibility of Charges

I understand that I am responsible for the payment for any services that are not covered or rejected by my insurance company. If there is a co-pay or deductible, I am responsible for paying this on the day the services are rendered.

Signature _____ Date _____

Office Financial Policy

I have received and read the office financial policy.

Signature _____ Date _____