

Coastal Healthcare REGISTRATION PEDIATRICS

PLEASE COMPLETE ALL INFORMATION. PRINT AND SIGN WHERE REQUIRED

PATIENT INFORMATION

PRINT

REFERRED BY: _____

Last: _____
 First _____ MI _____
 Nickname: _____
 Address _____
 City _____
 State _____ Zip _____
 Please put an (X) next the your preferred contact number:
 Home# _____ (____)
 Cell # _____ (____)

PRIMARY CARE DR: _____
 Date of Birth _____
 Sex: ____ Male ____ Female
 Marital Status: ____ Single ____ Married

PATIENT'S INFO:

Social Security # _____
 Employer: _____
 Employ status: ____ F/T ____ P/T
 Student: ____ F/T ____ P/T

PRIMARY INSURANCE	SECONDARY INSURANCE
INS CO _____	INS CO. _____
ID # _____ COPAY \$ _____	ID # _____ COPAY \$ _____
Pt's Relationship: ____ Self ____ Spouse ____ Child ____ Part	Pt's Relatiion: ____ Self ____ Spouse ____ Child ____ Partner
<i>If Insured is other than patient (self):</i>	
Insured name: _____	Insured name: _____
SS# _____ DOB _____	SS# _____ DOB _____
Employer: _____	Employer: _____

EMERGENCY CONTACT:

Name: _____ Relationship _____
 Address if different that patient: _____ Phone: _____
 Street: _____ City _____ Zip _____

Private Insurance Authorization Assignment of Benefits/ Informaton Release:
 I, the undersigned, authorize payment of a medical benefit to Coastal Healthcare for any services furnished me by the physician. I understand that I am financially responsible for any amoutn not covered by my insurance. I also authorize you to release to my insurance company information concerning healthcare, advice, treatment or supplies provided to me. This information will be used for hte purpose of evaluating and administering claim benefits.

Patient Signature: _____ **Date:** _____
If the patient is a minor or under 18 years of age, the parent or guardian must complete the information below and sign. Signature of Responsible Party Required.

Parent/Guardian Name: _____
Social Security: _____ **Date of Birth** _____
Address if different than Patient: _____
Phone if different than Patient _____
Signature: _____ **Date** _____