

McKinney Pediatrics

1872 N. Lake Forest Dr., McKinney, Texas 75071, T: 972.548.0758, F: 972.548.0425

PATIENT INFORMATION

Patient's Name: _____

Male

Female

Date of Birth: _____

_____	_____	_____
<i>Month</i>	<i>Day</i>	<i>Year</i>

Phone: _____

Same as Mobile? Yes / No

Mobile Phone: _____

Patient's Address: _____

_____	_____	_____
<i>Number</i>	<i>Street</i>	<i>Apartment#</i>
_____	_____	_____
<i>City</i>	<i>State</i>	<i>Zip Code</i>

Name of Siblings: _____

Bill

Billing Address:

(If different) _____

To: _____

RESPONSIBLE PARTY CONTACT INFORMATION

Mother's Information

Name: _____

Date of Birth: _____

Patient lives with mother

Phone: (if different from patient's) _____

Work Phone: _____

Social Security #: _____

Father's Information

Name: _____

Date of Birth: _____

Patient lives with father

Phone: (if different from patient's) _____

Work Phone: _____

Social Security #: _____

INSURANCE INFORMATION

Name of person that provides the insurance: _____

Relationship to patient: _____

Employer: _____

Name of Insurance Company: _____

Employer Phone: _____

Patient's Insurance ID #: _____

Insurance Group #: _____

Insured's Date of Birth: _____

Effective Date: _____

Do you also have Medicaid: Yes No

How did you find us?

Friend	Driving by	Advertisement	Your Insurance	Other:
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Signature below indicates financial responsibility for all charges incurred on this account for any portion of your account not paid in full. This is a legally binding agreement for financial responsibility for collection fees, late charges, and any legal fees for nonpayment of the account. This is also a legally binding agreement for McKinney Pediatrics, P.A. to treat and care for your child, unless otherwise noted. Please note that payment is due at time of service unless prior arrangements have been made and agreed to.

THE PERSON WHO BRINGS THE DEPENDENT CHILD TO THIS OFFICE IS RESPONSIBLE FOR THE BILL.

Responsible Party Signature: _____

Responsible Party Printed: _____ Date: _____