



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

PATIENT INFORMATION

Patient's Name: _____ Male Female
First Middle Last

Date of Birth: _____ Preferred Phone: _____
Month Day Year (to be used for appointment reminders, etc.)

Patient's Address: _____
Number Street Apartment#

City State Zip Code

Name of Siblings: _____

Billing Address: _____ Billing Name: _____
(If bills should be sent to an address different from the patient's)

RESPONSIBLE PARTY CONTACT INFORMATION:

Mother: Name: _____ Date of Birth: _____ Patient lives with mother: _____

E-mail address: _____

Cell Phone: _____ Work Phone: _____

Father: Name: _____ Date of Birth: _____ Patient lives with father: _____

E-mail address: _____

Cell Phone: _____ Work Phone: _____

How did you find us? Friend _____ Driving by _____ Insurance _____ Advertisement _____ Other _____

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: _____