Mountain View Pediatrics Patient Registration Form

Please complete the entire registration form. Thank you for your time and patience.

Patient's Name: ________________ ________________ ____________ ***Date of Birth:*** ____________

Last ***First*** ***Middle***

Home Phone # ____________________________________

Mailing Address: ____

City: __________________________ ***State:*** _____________ ***Zip Code:*** ____________

Patient's Sex: Male Female Race: ____________ Patient's Social Security# __________________

Legal Guardian(s) Name: ________________________

Relationship to Patient: __________________________

Parent Information:

Mother's/Guardian Name: ______________________

Mother's Maiden Name: ________________________

Home Address: ________________________________

Home Phone# _________________________________

Employer's Name: _____________________________

Work Number: ________________________________

Father's/Guardian Name: ______________________

Home Address: _______________________________

Home Phone# ________________________________

Employer's Name: _____________________________

Work Number: ________________________________

Sibling Information:

(please list brothers and sisters and their date of births)

Name: ___________________________ Relationship: _________________ Date of Birth: ________________

Name: ___________________________ Relationship: _________________ Date of Birth: ________________

Name: ___________________________ Relationship: _________________ Date of Birth: ________________

Name: ___________________________ Relationship: _________________ Date of Birth: ________________

Emergency Contact:

Name: ____________________________ Phone# ________________ Relationship: _______________________

Address: _____________________________ City____________________ State_________ Zip Code: ________________

Pharmacy Information:

Name: ____________________________ Town: ______________________ Phone # _____________________

Insurance Information

(must be completed in full so that we may submit to your insurance for reimbursement)

Insurance cards must be presented at every visit

Primary Insurance Name: ______________________ ID# ____________________ Group# ________________

Policyholder's Information:

Name: __________________________ **Date of Birth:** ______________ **Social Security #** __________________

Sex: Male Female **Employer:** ___________________________ **Relationship:** Child Other/dependent

Secondary Insurance Name: ____________ ID# ____________ Group# __________

Policyholder's Information:

Name: __________________________ **Date of Birth:** ______________ **Social Security #** __________________

Sex: Male Female **Employer:** ____________________________ **Relationship:** Child Other/dependent

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Acknowledgement of Receipt of Privacy Notice

I have been presented with a copy of Mountain View Pediatrics **Notice of Privacy Policies**, detailing how my information may be used and disclosed as permitted under federal and state law. I understand the contents of the Notice, and I request the following restriction(s) concerning the use of my personal medical information:

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Further, I authorize the release of medical information necessary to process insurance claims to insurance companies or their agencies (including Medicaid), for purpose of filing and payment of medical claims. I authorize payment of medical benefits to the provider. I ACKNOWLEDGE THAT INTEREST OR A FEE AT THE PROVIDERS' CURRENT RATE MAY BE CHARGED on all balances owed to the provider that are past due.

Signature: ____ ***Date:*** ____________________________

Informed Consent

I, ____________________________________, give permission to Mountain View Pediatrics to give and
(name of parent/guardian/patient)
release information to the following entities:

Name: ______________________________________ Relationship: ___________________________________

Name: ______________________________________ Relationship: ___________________________________

Name: ______________________________________ Relationship: ___________________________________

Name: ______________________________________ Relationship: ___________________________________

Signature: ____ ***Date:*** ______________________________