

University Pediatric Associates, P.A.
Patient & Family information update for the year of: 20 ____

Patients Last Name: _____ First: _____ Middle Initial: ____
Address: _____ City, ST., Zip: _____
Cell Phone #: (____) _____ - _____ Cell Phone #: (____) _____ - _____ Alternate #: (____) _____ - _____
Patients DOB: ____/____/____ Sex: Male/Female/Other: ____

Fathers Employer: _____ Job Title: _____
Phone: (____) _____ - _____ EXT: _____ EMAIL: _____
Mother Employer: _____ Job Title: _____
Phone: (____) _____ - _____ EXT: _____ EMAIL: _____

Who Carries Primary Insurance on the Patients(s):
 Mother Father Patient Other (explain): _____

Primary Insurance Company Name: _____

Insurance Company Address: _____

I.D. #: _____ Group #: _____ Policy Eff. Date: ____/____/____

Secondary Insurance Company: _____

Insurance Company Address: _____

I.D.#: _____ Group#: _____ Policy Eff. Date: ____/____/____

If you have any changes of Coverage through our the year, please notify us immediately
Changes may affect where lab work or tests are done. You are responsible for knowing the terms of your contract with your insurance company. If you insurance has co-pay, please make payment upon arrival.

In order to produce a proper insurance claim of any visit, the following **MUST** be filled out:

Mother Name Father Name Other : _____ DOB. ____/____/____ SSN.# ____/____/____

Address: _____ City, ST., Zip: _____

Which Doctor did you choose for your child's Primary Care Physician? : _____

Pharmacy Name: _____ City: _____ Phone#: (____) _____ - _____

List Any Other children that may also come to the practice:

First Name: _____ MI _____ DOB: ____/____/____ Male Female Other

First Name: _____ MI _____ DOB: ____/____/____ Male Female Other

First Name: _____ MI _____ DOB: ____/____/____ Male Female Other

First Name: _____ MI _____ DOB: ____/____/____ Male Female Other

First Name: _____ MI _____ DOB: ____/____/____ Male Female Other

I have read & verified that the above information is correct & no changes need to be made.

X: _____ **Today's Date:** ____/____/____