

University Pediatric Associates, P.A.

Patient & Family information update for the year of: 20_____

Patients Last Name: _____ First: _____ Middle Initial: _____

Address: _____ City, ST., Zip: _____

Home #: () _____ - _____ Cell Phone #: () _____ - _____ Cell Phone #: () _____ - _____

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: _____

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: ____/____/____