

Child Registration

Patient (Child) Information

First Name

-

Last Name

-

Middle Name

-

Gender

-

Date of Birth

-

Age

-

Responsible Party (Parent/Legal Guardian Information):

First Name

-

Last Name

-

Middle Name

-

Street Address 1

-

Street Address 2

-

City

-

State

-

ZIP Code

-

Home Phone

-

Work Phone

-

Extension

-

Cellular Phone

-

Date of Birth

-

Social Security Number

-

Driver's License

-

Email

-

Tick all that apply:

☐ Parent/Legal Guardian is also a
Policyholder for Patient

☐ Primary Insurance
Policy Holder

☐ Secondary Insurance
Policy Holder

Primary Insurance Information:

Name of Insured

-

Insured

☐ Child

☐ Other

If Others, Please specify

-

Insured Social Security Number

-

Policy ID

-

Insured Date of Birth

-

Home Address (if different than above)

-

Home Phone (if different than above)

-

Employer

-

Employer Address

-

Insurance Company

-

Insurance Company Address

-

Secondary Insurance Information (if any):

Name of Insured

-

Relationship to Insured

☐ Child

☐ Other

If Others, Please specify

-

Insured Social Security Number

-

Policy ID

-

Insured Date of Birth

-

Home Address (if different than above)

-

Home Phone (if different than above):

-

Employer

-

Employer Address

-

Insurance Company

-

Insurance Company Address

-

Electronic signature of the Parent / Guardian (ESign)
Date :