Patient Registration, Bayside Pediatrics 2012

PATIENT INFORMATION

Patients' Full Name (Nombre del paciente): _____

Date of Birth (Fecha de nacimiento): _____ **Male/Female** (Masculino/Femenino): _____

SSN (# de SS): _____

PARENTAL INFORMATION

****Note: If you are not the patient's biological parent; you must provide proper documentation that you are their legal guardian** / *Si usted no es el padre/madre biológico del paciente; debe proveer la documentación apropiada de que usted tiene la custodia legal del paciente****

Who does the child live with? Con quien vive el paciente? ☐ **Both Parents** (Los dos padres) ☐ **Mother** (Madre)
☐ **Father** (Padre) ☐ **Other (Relationship)**/Otro (Relación al paciente)? _____

Mother's Full Name (Nombre de la madre completo): _____

Date of Birth (Fecha de nacimiento)**:** _____ **SSN** (# de SS): _____

Address (Dirección): _____ **Apt #** (# de apto): _____

City (Ciudad): _____ **State** (Estado): _____ **Zip code** (Código postal): _____

Telephone # (# de teléfono) 1: ___(_____)_____

2: ___(_____)_____

Father's Full Name (Nombre del padre completo): _____

Date of Birth (Fecha de nacimiento)**:** _____ **SSN** (# de SS): _____

Address (Dirección): _____ **Apt #** (# de apto): _____

City (Ciudad): _____ **State** (Estado): _____ **Zip code** (Código postal): _____

Telephone # (# de teléfono) 1: ___(_____)_____

2: ___(_____)_____

INSURANCE INFORMATION

_____

Primary Insurance Name **Policy Number** **Group Number**

_____

Secondary Insurance Name **Policy Number** **Group Number**

Note: If you have both Private Ins & Medicaid, by law we are obligated to use the private insurance as primary and Medicaid as secondary. Co-pays, Deductibles, Co-ins are due at time of service and are not covered by Medicaid.

I attest that I am this child's legal guardian and all of the information above is correct and true to the best of my knowledge. I understand Bayside Pediatrics can not get involved in custody/divorce issues. Both parents have equal rights to access their child's records, appointments, etc unless stated otherwise by the courts.

Parent/Legal Guardian (Nombre del padre/madre o Guardián Legal)**:** _____

Relationship to patient (Relación al paciente)**:** _____

Signature (Firma)**:** _____ **Date** (Fecha)**:** _____