

# BEST KIDS CARE

**PATIENT INFORMATION:** It is the patient's parent/guardian's responsibility to notify the office of any phone, address, or insurance changes at the time of visit.

PATIENT'S NAME: \_\_\_\_\_ D.O.B: \_\_\_\_\_ SEX: MALE \_\_\_ FEMALE \_\_\_

HOME PHONE: \_\_\_\_\_ ALT. PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME OF SIBILING(S): \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHILD LIVE WITH: MOTHER \_\_\_ FATHER \_\_\_ GUARDIAN \_\_\_ OTHER: \_\_\_\_\_

RACE: \_\_\_\_\_ ETHNICITY: Hispanic \_\_\_ Non-Hispanic \_\_\_ LANGUAGE: \_\_\_\_\_

PHARMACY NAME AND PHONE NO.: \_\_\_\_\_

## **RESPONSIBLE PARTY CONTACT INFORMATION:**

### **MOTHER'S INFORMATION**

NAME: \_\_\_\_\_ D.O.B: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

### **FATHER'S INFORMATION**

NAME: \_\_\_\_\_ D.O.B: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**INSURANCE INFORMATION:** The parent/guardian failed to provide current and correct insurance information prior to being seen by Best Kids Care provider will be responsible for any services rendered at the time.

**PRIMARY INSURANCE:** \_\_\_\_\_ RELATIONSHIP TO PATIENT: \_\_\_\_\_

NAME OF PERSON THAT PROVIDES INSURANCE: \_\_\_\_\_

PATIENT'S INSURANCE ID NUMBER: \_\_\_\_\_ INSURANCE GROUP NUMBER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMPLOYER PHONE: \_\_\_\_\_

**SECONDARY INSURANCE:** \_\_\_\_\_ RELATIONSHIP TO PATIENT: \_\_\_\_\_

NAME OF PERSON THAT PROVIDES INSURANCE: \_\_\_\_\_

SECONDARY INSURANCE ID NUMBER: \_\_\_\_\_ INSURANCE GROUP NUMBER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMPLOYER PHONE: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?** FRIEND \_\_\_ ADVERTISEMENT \_\_\_ YOUR INSURANCE \_\_\_ OTHER: \_\_\_\_\_

Signature below indicates financial responsibility for all charges on this account for any portion of your account not paid in full. This is a legally binding agreement for financial responsibility for collection fees, late charges, and legal fees for nonpayment of the account. This is also a legally binding agreement for Best Kids Care, PA to treat and care for your child, unless otherwise noted. Please note that all payment is due at time of service unless prior arrangements have been made and agreed to.

### **THE PERSON WHO BRINGS THE DEPENDENT CHILD TO THIS OFFICE IS RESPONSIBLE FOR THE BILL.**

RESPONSIBLE PARTY SIGNATURE: \_\_\_\_\_

RESPONSIBLE PARTY PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_