Capitol Pediatrics, P.C.
Registration Form

How did you hear about us? _____

Child's Information

Name: _____ DOB:_____ SSN:_____
Address: _____ City/State/Zip:_____
Home Phone: _____ Cell Phone:_____ Email:_____
Emergency Contact (other than parent)_____
Name Phone Relationship
Race/Ethnicity:_____ Preferred Language: _____

Sibling Information

LAST NAME	FIRST	MI	NICKNAME	BIRTHDATE	SEX

Mother's Information

Name:_____
Address:_____
City/State/Zip:_____
Date of Birth:_____
SSN: _____
Email:_____
Home Phone:_____
Cell Phone:_____
Employer:_____
Work Phone:_____

Father's Information

Name:_____
Address:_____
City/State/Zip:_____
Date of Birth:_____
SSN:_____
Email:_____
Home Phone:_____
Cell Phone:_____
Employer:_____
Work Phone:_____

Insurance Information

Primary Insurance:_____ Subscriber Name:_____
Secondary Insurance:_____ Subscriber Name:_____

WHO IS RESPONSIBLE FOR BILL? _____

I agree to notify Capitol Pediatrics, P.C. of any address, telephone, or employer changes immediately. I hereby authorize Capitol Pediatrics, P.C. to release all necessary information to the insurance company for filing claims as well as other physicians when care is being coordinated. I hereby assign payment directly to Capitol Pediatrics, P.C. of benefits otherwise payable to me. I authorize Capitol Pediatrics, P.C. to file complaints to the insurance company and the insurance commissioner on my behalf. I understand that I am required to show my current insurance card and pay any copays/coinsurance at each visit. I understand that I am financially responsible for charges not covered by insurance. I understand that I will be charged and held responsible for interest and/or fees for any bills that are not paid in full within 30 days. If my account becomes past due, I understand that all necessary steps will be taken to collect this debt. I agree that in the even that my account must be turned over to a collection agency or an attorney; I will be responsible for all collection fees that are incurred.

Parent's Printed Name: _____
Parent's Signature:_____
Date: _____