

DOCTORS OF CHILDREN

PATIENT Introduction Sheet

Today's Date: _____

CHILD'S LEGAL NAME: _____ **M/F** _____ **DOB:** _____

Ethnicity: Not Hispanic/ Hispanic/ Prefer Not to Answer

Race: White/ Black-African Am/ Am. Indian/ Native HI/Pacific IS/ Asian/ Prefers not to answer

Custodial Parent's Information:

Custodial Parent(s): _____/_____

Address _____ ZIP CODE _____

Preferred Phone _____; Phone #2 _____ Phone #3 _____

Bill Payer's Information:

Bill Payer's Name: _____

Address _____ ZIP CODE _____

Preferred Phone _____; Phone #2 _____ Phone #3 _____

Emergency Contact: _____ Phone #:() _____

Primary Insurance Company: _____

I.D. # _____ Group# _____ Insured's name: _____/DOB _____

Secondary Insurance Company: _____

I.D. # _____ Group# _____ Insured's name: _____/DOB _____

Medicaid: YES NO

Authorization and Release

I authorize Brent A. Willman, Stacey L. Houston, Jill M. Hobelman, Kelly J. Murry, and Kimberly Dierks to assess and treat the above named patient. I also authorize the health care provider to release any information including the diagnosis and treatment or examination rendered to my child during the period of such care to third party payors and/or health practitioners. I authorize and request that my insurance company to pay directly to the doctor's group insurance benefits otherwise payable to me. I understand that my insurance carrier may not cover all services provided or ordered. I agree to be responsible for payment (in accordance with Doctors of Children's Financial Policy (see back)) of all services rendered on my behalf of my dependents.

Signature (insured or authorized person): _____ **Date:** _____

I authorize the following (step-parent, grandparent, daycare, school {someone other than the biological parents or legal guardians}) to seek medical care, obtain medical information, and/or discuss medical treatment of the above named child for a period of one year:

_____, Relationship _____ Phone () _____

_____, Relationship _____ Phone () _____

Signature and Relationship to Child: _____ **Date:** _____