

I.M. Pediatrics, PC * 64-12 Fresh Pond Rd., Ridgewood, NY 11385 * (718) 497-1565/66

Patient Information

Last Name _____ First Name _____ MI _____

Date of Birth _____ Sex: Female ___ Male ___ Social Security # _____

Street Address _____

City _____ State _____ Zip Code _____

Home phone _____ Cell Phone _____ 2nd Cell _____

E-mail _____ Preferred Pharmacy _____

Insurance Information

Insurance Name _____ ID # _____

2nd Insurance Name (If applicable) _____ ID # _____

Name of Insurance Holder _____ Insured's Date of Birth _____

Social Security # _____

Parent Contact Information

Mother's Name _____ Date of Birth _____

Address: if different _____ Phone Number _____

_____ Work Number _____

Father's Name _____ Date of Birth _____

Address: if different _____ Phone Number _____

Work Number _____

Emergency Contact

Name _____ Relationship to patient _____ Phone number _____

Information and Assignment of Benefits

I certify that the information I have written on this form is correct. I authorize the release of any medical information necessary to process my claims. I hereby authorize I.M. Pediatrics, PC to apply for benefits on my behalf for covered services rendered by it or by their order. I also authorize any holder of medical information about me to release to eClinicalWorks in order to determine these benefits or benefits payable for related services. I request that payment from my insurance be made directly to I.M. Pediatrics, PC. I permit a copy of authorization to be used in place of the original. Either my insurance company or I may revoke this authorization at any time in writing.

Signature _____ Date _____