Southwest Pediatrics
Patient Registration

Patient Information

Name (First) ___________________________ (M.I.) __________ (Last) ____________________________
Street Address ____
City ____________________________________State____________________________________Zip ______
Date of Birth______________________ Age ________________ Gender (Male or Female) __________
Who referred you to us? ____

Parent Information #1

Name ____Date of Birth ___________________
Mother, father, foster parent, or other guardian? ____
Home phone __________________ Cell phone____________________ Work phone__________________
Employer____ Occupation ______________________________
Social Security Number _______________________________

Parent Information #2

Name ____Date of Birth ___________________
Mother, father, foster parent, or other guardian? ____
Home phone ___________________ Cell phone____________________ Work phone_________________
Employer____ Occupation ______________________________
Social Security Number _______________________________

Insurance Information

Name of insurance company ________________________________ Effective date ___________________
Subscribers name __________________________________ Social Security number ___________________
Group number ____________________________ Policy number _____________________________________

Emergency contact (Other than above)

Name____
Relationship_______________________________ Phone number __________________________________

If the patient is on DSHS, Provider One card is required at the time of service.

Billing Policy – Payment required within 30 days of service

Parent/guarantor is directly responsible for all charges incurred. I authorize payment of benefits directly to my physician. I am responsible for all non-covered services. I carry final responsibility for resolving any dispute with the insurance carrier. I authorize the release of any information required**. Parent/guarantor is responsible for coordination of benefits. Payment of co-pay is required at time of service. Parent/guarantor will be responsible for all fees associated with overdue/collection accounts.**

Parent or guardian signature _______________________________________ Date _________________________