DELAWARE VALLEY PEDIATRIC ASSOCIATES, P.A.

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TRACY SHORE, MSN, CPNP

LACTATION SPECIALIST
DEBRA MANNELLA, RN, CBC

NEW PATIENT INFORMATION (PLEASE PRINT)

_____ _____ _____ Sex (circle one) M F
PATIENT'S FULL NAME **DATE OF BIRTH** **AGE**

OTHER SIBLINGS: NAME_____ **DATE OF BIRTH**_____
NAME_____ **DATE OF BIRTH**_____

ETHNICITY: [ ] NOT HISPANIC OR LATINO [ ] HISPANIC OR LATINO [ ] PREFERS NOT TO ANSWER
RACE: [ ] NATIVE AMERICAN/ALASKA NATIVE [ ] ASIAN [ ] BLACK/AFRICAN AMERICAN [ ] NATIVE HAWAII/OTHER PACIFIC ISLANDER
[ ] WHITE [ ] OTHER _____ [ ] PREFERS NOT TO ANSWER
PREFERED LANGUAGE:_____

_____ _____ _____
FATHER'S FULL NAME **DATE OF BIRTH** **MARITAL STATUS**

_____
HOME ADDRESS [ ] PERMANENT [ ] TEMPORARY **CITY** **STATE** **ZIP**

_____ _____ _____
HOME PHONE # **WORK PHONE #** **CELL PHONE #**

_____ _____
EMAIL ADDRESS **SOCIAL SECURITY #**

_____
EMPLOYER NAME & ADDRESS

_____ _____ _____
MOTHER'S FULL NAME **DATE OF BIRTH** **MARITAL STATUS**

_____
HOME ADDRESS [ ] PERMANENT [ ] TEMPORARY **CITY** **STATE** **ZIP**

_____ _____ _____
HOME PHONE # **WORK PHONE #** **CELL PHONE #**

_____ _____
EMAIL ADDRESS **SOCIAL SECURITY #**

_____
EMPLOYER NAME & ADDRESS

INSURANCE INFORMATION:

_____
PRIMARY INSURANCE COMPANY **SUBSCRIBER NAME** **ID#** **GROUP #**

_____
SECONDARY INSURANCE COMPANY **SUBSCRIBER NAME** **ID #** **GROUP #**

ASSIGNMENT OF INSURANCE BENEFITS: I hereby authorize direct payment of medical benefits to DVPA for services rendered. I understand that I am financially responsible for any balances not covered by my insurance.
FINANCIAL POLICY (ATTACHED): I have read and understand the attached DVPA financial policies. I agree to keep DVPA accurately informed of my children's insurance status and to assign benefits to DVPA as necessary. As previously state, I agree that if it becomes necessary to forward my account to a collection agency, you agree to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum of 50 % of the debt, and all costs, and expenses, including reasonably attorneys' fees, we incur in such collection efforts, in addition to the original amount due.
PRIVACY POLICY: I have received a copy of the privacy notice of DVPA.

SIGN BELOW TO ACCEPT ALL OF THE POLICIES EXPLAINED ABOVE:

SIGNATURE:_____ **DATE:** _____