PEDIATRIC CENTER AT RENAISSANCE

FAMILY REGISTRATION FORM

Today's Date___/___/___

CHILD'S NAME (First, Middle, Last)	SEX (circle)	Date Of Birth	Ethnicity	Race	PCP
	M F		☐Hispanic or Latino ☐Not Hispanic or Latino ☐Prefer not to answer		☐ Juan Saenz ☐ Jennifer Saenz
	M F		☐Hispanic or Latino ☐Not Hispanic or Latino ☐Prefer not to answer		☐ Juan Saenz ☐ Jennifer Saenz
	M F		☐Hispanic or Latino ☐Not Hispanic or Latino ☐Prefer not to answer		☐ Juan Saenz ☐ Jennifer Saenz
	M F		☐Hispanic or Latino ☐Not Hispanic or Latino ☐Prefer not to answer		☐ Juan Saenz ☐ Jennifer Saenz

	PARENT/GUARDIAN #1	PARENT/GUARDIAN #2
Name:		
Relationship to patient(s):		
Date of birth:		
Mailing address:		
Primary phone:		
Secondary phone:		
Alt phone:		
Email address:		
Employer:		
Occupation:		
Preferred language:		

Parents are: ☐Single ☐Married ☐Separated ☐ Divorced (if divorced, who is the custodial parent? ☐#1 or ☐#2)

MEDICAL INSURANCE INFORMATION

	PRIMARY INSURANCE	SECONDARY INSURANCE
Insurance company:		
Carrier phone #:		
Policy #:		
Group #:		
Policy holder:		
Date of birth:		
Relation to patient:		

Do you have Medicaid insurance? ☐ No ☐ Yes If yes, please complete the table below for any child on a Medicaid plan.

CHILD'S NAME	MEDICAID PLAN	CERTIFICATE NUMBER

Insurance Responsibility Letter to Patients

Due to many changes in insurance policies, it is no longer an easy task to interpret each individual policy. Although we try to stay aware of these changes, it is not always possible. Therefore, we urge you as the patient, to please check with your insurance company prior to any procedures and / or tests. It is your responsibility to know your individual coverage. Failure to comply with this suggestion could result in you, the patient, being responsible for all costs incurred here. If your carrier requests other information from you such as evidence of other insurance, they will not provide reimbursement of your claim until you provide the requested information. If you fail to do so, you will be billed for any outstanding charges. Please remember, your insurance policy is between you and your insurance company and not with the insurance company and your doctor.

It is your responsibility to update our clinic when there is a change in your insurance plan. If we cannot find active coverage at the time of service, you will be treated as private pay. Payment is expected up front; however, budget plans are available in the event the balance cannot be paid in full.