



Carolina Pediatrics Plus

Update of Information

Child's name _____ DOB _____
 Address _____ City _____ ZIP _____
 Primary phone number _____ Other phone contact _____
 Primary email _____
 Who is responsible for payment of medical services? _____

Mother/Guardian Information

Father/Guardian Information

Name _____ Name _____
 DOB _____ SS# _____ DOB _____ SS# _____
 Primary phone _____ Primary phone _____

Insurance Information

Primary _____	Secondary _____
Policy ID# _____	Policy ID _____
Group _____	Group _____
Policy holder's name _____	Policy holder's name _____
Policy holder's DOB _____	Policy holder's DOB _____
Policy holder's SS# _____	Policy holder's SS# _____

I authorize my insurance benefits to be paid directly to Carolina Pediatrics Plus's providers, realizing that I am responsible to pay non-covered services, and I also authorize the release of pertinent medical information to insurance carriers. This authorization shall be valid unless rescinded in writing.

Parent/Guardian signature _____ Date _____

Please list persons (other than those above) who are allowed to authorize medical treatment and immunizations in your absence. Attach additional paper if necessary.

_____ Phone# _____ Relationship _____
 _____ Phone# _____ Relationship _____

Pharmacy Information

Name of Pharmacy _____ Phone _____
 Address / Street _____

Healow Patient Portal

Carolina Pediatrics Plus has switched over to a new patient portal. With our new patient portal, you will have access to the following:

- Appointment Reminders – Email, Voice, and Text
- View Lab Results
- Health Maintenance
- Request Refills
- Receive Practice Notifications
- Provider Messaging

If you would like to participate in the new patient portal, please provide the following information:

Child's name _____ DOB _____

Email Address _____ Relationship _____

Phone Number _____

Can we leave voice messages at this number? Yes / No Can we send text messages to this number? Yes / No

Please check at least one:

_____ I DO authorize Carolina Pediatrics Plus to sign my child up for Healow Patient Portal.

_____ I DO NOT authorize Carolina Pediatrics Plus to allow my child to participate

Parent/Guardian signature _____ Date _____