

Date: \_\_\_\_\_

**Crestwood Pediatric  
Associates, PC**

Reviewed by: \_\_\_\_\_  
Account #: \_\_\_\_\_

**Parent/Legal Guardian Information**

Mother's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_  
Cell \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_  
Cell \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_

**Preferred Pharmacy:** \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Patient Information- Please list patient & all children 17 years old or younger living in household.**

\_\_\_\_\_  
Last name First name middle initial DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ M / F. Race \_\_\_\_\_ Ethnicity \_\_\_\_\_

\_\_\_\_\_  
Last name First name middle initial DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ M / F. Race \_\_\_\_\_ Ethnicity \_\_\_\_\_

\_\_\_\_\_  
Last name First name middle initial DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ M / F. Race \_\_\_\_\_ Ethnicity \_\_\_\_\_

\_\_\_\_\_  
Last name First name middle initial DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ M / F. Race \_\_\_\_\_ Ethnicity \_\_\_\_\_

\_\_\_\_\_  
Last name First name middle initial DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ M / F. Race \_\_\_\_\_ Ethnicity \_\_\_\_\_

**Insurance Information**

Do you have insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, you will be expected to pay for today's visit at check-out.)

\_\_\_\_\_  
**Primary Insurance Company** ID Number \_\_\_\_\_ Group Number \_\_\_\_\_

**Policy Holder:** Mom / Dad / Other: (please circle) If other please complete the following:

\_\_\_\_\_  
Name DOB SSN Address

\_\_\_\_\_  
**Secondary Insurance Company** ID Number \_\_\_\_\_ Group Number \_\_\_\_\_

**Policy Holder:** Mom / Dad / Other: (please circle) If other please complete the following:

\_\_\_\_\_  
Name DOB SSN Address

**SIGNATURE OF PARENT/LEGAL GUARDIAN** \_\_\_\_\_

**I AUTHORIZE CRESTWOOD PEDIATRIC TO BILL MY HEALTH INSURANCE AS PROVIDED ABOVE. I ACKNOWLEDGE THAT  
PAYMENT OF COPAYS AND DEDUCTIBLES ARE DUE AT THE TIME OF SERVICE.**