



Minor Patient Registration Information

Preferred Physician:

- Cooper, Watson, Cathcart, Albey, Wright, Barker, Dixon, Morgan

Patient's Personal Information

Name, SS#, Date of Birth, Sex, Primary phone, Alternate phone, Primary E-mail, Child's Primary Address, Mother or Parent One Name, Cell Phone #, SS#, Father or Parent Two Name, Cell Phone #, SS#

Race: White, African American, Asian, Other, Native American Indian/Alaskan, Decline to answer, Native Hawaiian/Other Pacific Islander. Ethnic Group: Not Hispanic/Latino, Hispanic/Latino, Decline to answer. Primary Language: English, Spanish, Other

Emergency Contact—Please list someone that would not be with child

Preferred Pharmacy

Name, Relationship, Best Phone, Alternate Phone, Name, Phone #

Guarantor Information (Person responsible for child's bills) Relationship to patient: Father, Mother, Other

Name, SS#, DL#, Date of Birth, Main phone#, Alternate phone#, Address, Apt#, City, State, Zip, Employer, Work phone, Occupation

Patient's Insurance Information

Primary Insurance Company, ID#, Group#

Subscriber Name, Date of Birth, Main phone#

Subscriber's relationship to patient: Self, Father, Mother, Other, Copay: \$

Secondary Insurance Company, ID#, Group#

Subscriber Name, Date of Birth, Main phone#

Subscriber's relationship to patient: Self, Father, Mother, Other, Copay: \$

I request that payment of authorized insurance benefits be made on my child's behalf to the provider indicated above for services furnished to my child. I authorize any holder of medical information about my dependent to release to the insurance company any information needed to determine these benefits or the benefits payable for related services. A photocopy of this assignment is to be considered as the original. I understand that I am financially responsible for all charges whether or not covered by said insurance. This assignment will remain in effect until revoked by me in writing. I further agree to pay the cost of collection, court costs, and other reasonable fees should they be required in the event of my non-payment. (The parent signing this form will be financially responsible for the child. Any legal agreement, or other disagreement, between parents in a divorce situation must be dealt with between those parties and does not involve Family Practice Associates.)

Parent/Legal Guardian Signature

Date