

FAIRVIEW PEDIATRICS

1176 MEMORIAL DRIVE
FAMILY INFORMATION

CHICOPEE, MA 01020

Street: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone Mom _____ Cell Phone Dad _____

Father's Name: _____ Mother's Name: _____

Father's Date of Birth: _____ Mother's Date of Birth: _____

Social Security Number: _____ Social Security Number: _____

Employer: _____ Employer: _____

Employer Address: _____ Employer Address: _____

Employer Phone: _____ Employer Phone: _____

Please list the responsible party for Billing and their address (if different) below:

Name: _____ Date of Birth: _____ Relationship: _____

Address: _____ Phone: _____

Are you (circle) Married Single Divorced Separated Who has legal custody? _____

Please give us the name of an Emergency Contact Person in case we cannot reach you in an emergency:

Name: _____ Phone: _____ Relationship: _____

Please give us the names of any persons (other than parent or guardian) that are authorized to bring your child(ren) to an appointment if you are unable to do so:

Name(s): _____

List All Children's Names (Including the child being seen today)

<u>Name</u>	<u>DOB</u>	<u>Sex</u>	<u>Name of School or Daycare</u>

INSURANCE INFORMATION

Primary Insurance

Policy Holder _____

Date of Birth _____

Insurance Company _____

Policy Number _____

Group Number _____

Secondary Insurance

Policy Holder _____

Date of Birth _____

Insurance Company _____

Policy Number _____

Group Number _____

All charges are due at the time of service unless other arrangements have been made before the patient has been seen.

Assignment of Benefits: I authorize the release of medical information to process claims for medical benefits and to other medical providers to whom we refer you. I authorize payment of medical benefits directly to Ruby Chang M.D., James Bell M.D., Jennifer Todd M.D., and Amy Pelletier M.D. for services rendered.

Parent/Guardian Signature _____ Date _____