



Affiliated with IVY PEDIATRICS, PA
ALL BILLING DONE VIA IVY PEDIATRICS, PA
IF YOU HAVE AN HMO, WE CAN NOT BILL YOUR INSURANCE COMPANY UNLESS IVY PEDIATRICS IS SELECTED AS THE PRIMARY CARE DOCTOR AHEAD OF TIME

First, print out this form. Fill it out. Sign it. Bring it to our office.

Patient Information

Patient's Name Sex (M/F)
Address Home Phone () DOB
City State Zip
Email address:
List Sibling Names & Ages
How did you hear about us?
Primary Care Physician Pharmacy

Parent (Guardian) Information

Mother's First Name Last Name DOB
Occupation Cell Phone () Home Phone ()
Employer Name Work Phone () Ext
Employer Address

Father's First Name Last Name DOB
Occupation Cell Phone () Home Phone ()
Employer Name Work Phone () Ext
Employer Address
Parent's Marital Status Child resides with (check) both parents mother father other

Primary Insurance (Person who holds insurance)

Insurance Company ID # Group Name or #
Policy Effective Date Copay Amount:
Insured's Name Social Security # DOB
Driver License Number:
Relationship to Patient

Secondary Insurance (If child has multiple insurance coverage)

Insurance Company ID # Group Name or #
Policy Effective Date Copay Amount:
Insured's Name Social Security # DOB
Relationship to Patient

Insurance Assignment & Release of Information

- I understand that my insurance company will be billed under Ivy Pediatrics, PA. PEDEMERGE is an affiliate of Ivy Pediatrics, PA and not a separate entity. It is not an emergency room or an urgent care clinic.
I authorize the release of my child's any medical information necessary to process insurance claims.
I authorize the release of payment of medical benefits to my child's provider.
I have received notice of this organization's privacy practices.
I understand that I am financially responsible for any deductible & coinsurance fees, and charges for non-covered services. Unless I am a member of an insurance organization Ivy Pediatrics is a contracted provider, all charges are due at the time that services are rendered.
I authorize Ivy Pediatrics to call me on my home/cell/work numbers for collection purposes.

Guarantor's Signature

Date