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PATIENT REGISTRATION FORM

PATIENT'S NAME and DATE OF BIRTH:	
NICK NAME (IF ANY):	**SEX:**
INSURANCE CARRIER:	**INSURANCE ID NUMBER:**

PLEASE INDICATE IF YOU ARE A STEP PARENT, FOSTER PARENT OR LEGAL GUARDIAN.

MOTHER'S NAME:	**FATHER'S NAME:**
DATE OF BIRTH:	**DATE OF BIRTH:**
ADDRESS:	**ADDRESS:**
EMAIL:	**EMAIL:**
PHONE:	**PHONE:**
NAME OF INSURANCE CARRIER:	**NAME OF INSURANCE CARRIER:**
INSURANCE ID/GROUP #:	**INSURANCE ID/GROUP#:**
EMPLOYER:	**EMPLOYER:**
EMPLOYER ADDRESS:	**EMPLOYER ADDRESS:**
EMPLOYER PHONE:	**EMPLOYER PHONE:**

CONSENT FOR TREATMENT OF MINOR:

Because your child is a minor, signed permission is required from a Parent or Legal Guardian before medical services of any kind can be rendered. By signing your consent below, you are giving the Doctors, Nurse Practitioner or Medical Assistants (hereafter referred to as Practitioners) permission to perform a Medical Examination, blood draw, or administer immunizations. This authorization also includes any and all necessary treatment, medications and therapy indicated for the medical care of your child as indicated by the Practitioners. The Practitioners are also given my authorization to use their professional judgement in patient management as they feel necessary.

I understand that Insurance Contracts are made between myself as the patient's Parent / Legal Guardian and the Insurance Carrier. I understand that (regardless of my Insurance status) I am responsible for any balances on my account including $25 assessments for NCNS appointments. I understand that it is my responsibility to pay all fees not covered by my Insurance Carrier (deductibles, co-pays, medical screenings, lab work, etc.) I understand that payment is due at the time medical services of any kind are rendered and that my child may not be scheduled until payment is received in full. I understand that a monthly billing fee of $25 is assessed to balances more than 30 days past due and reported to all major credit bureaus. I consent to the above agreement with Country Creek Pediatrics.

Signature of Parent/Legal Guardian