ARBOR MEDICAL PARTNERS

North Scottsdale Pediatrics
Papago Buttes Pediatrics
Scottsdale Children's Group
Southwest Pediatrics
Arbor Medical Partners Pediatrics – Gilbert
Surprise Pediatrics

PATIENT INFORMATION

PATIENT NAME: _____ DOB: _____
PREFERRED NAME: _____SEX: _____ AGE: _____

ADDRESS: _____

CELL # FOR APPOINTMENT CONFIRMATIONS: _____

PREFERRED LANGUAGE: _____ RACE/ETHNICITY: _____

SIBLINGS AT PRACTICE: _____

PARENTS INFORMATION

PARENT NAME: _____ RELATIONSHIP TO CHILD: _____

DATE OF BIRTH: _____ PHONE #: _____

ADDRESS: _____ EMAIL: _____
_____ SS #: _____
_____ EMPLOYER: _____

PARENT NAME: _____ RELATIONSHIP TO CHILD: _____

DATE OF BIRTH: _____ PHONE #: _____

ADDRESS: _____ EMAIL: _____
_____ SS #: _____
_____ EMPLOYER: _____

STEP MOM: _____ STEP DAD: _____
DATE OF BIRTH: _____ DATE OF BIRTH: _____
PHONE #: _____ PHONE #: _____

****This form does not give consent for step parents to bring children into the office. Please ask the front office for a "Consent to Treat" form to keep on file.****

INSURANCE INFORMATION DOCTOR'S NAME: _____

PRIMARY INSURANCE CARRIER: _____

PRIMARY CARD HOLDER: _____

DATE OF BIRTH: _____ RELATIONSHIP TO PATIENT: _____

INSURED ID#: _____ POLICY GROUP NUMBER: _____

SECONDARY INSURANCE CARRIER: _____

DATE OF BIRTH: _____ RELATIONSHIP TO PATIENT: _____

INSURED ID#: _____ POLICY GROUP NUMBER: _____

RELEASE OF INFORMATION AND ASSIGNMENT OF BENEFITS

I hereby certify that the information provided here is true and correct. I authorize Arbor Medical Partners to release information to my insurance company for the processing of medical claims. I assign insurance benefits to Arbor Medical Partners for all medical services performed. I understand that insurance benefits are determined by the contract I hold with my insurance company, and that I am responsible for all fees not paid by insurance as stated in my policy. I also hereby certify that the person signing the form will be listed as the Responsible Party (Guarantor) of the Child (ren) accounts. This is who all statements will be sent to.

Signature of Guarantor/Responsible Party Date

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