

PEDIATRIC CARE OF YORK, P.C.

PATIENT INFORMATION:

NAME _____	ACCOUNT NUMBER _____	
DATE OF BIRTH _____	SEX _____	SOCIAL SECURITY # _____

PARENT INFORMATION:

PARENT WITH WHOM CHILD LIVES:	OTHER PARENT (BIOLOGICAL):
NAME _____	NAME _____
ADDRESS _____ _____	ADDRESS _____ _____
HOME PHONE _____ CELL PHONE _____	HOME PHONE _____ CELL PHONE _____
EMPLOYER _____ WORK PHONE _____	EMPLOYER _____ WORK PHONE _____
DATE OF BIRTH _____ SS# _____	DATE OF BIRTH _____ SS# _____
E-MAIL ADDRESS _____	E-MAIL ADDRESS _____

SHOULD WE BE UNABLE TO CONTACT EITHER PARENT REGARDING THE HEALTH OF THIS CHILD, WHOM COULD WE CONTACT? _____

PHONE NUMBER/RELATONSHIP TO CHILD _____

INSURANCE INFORMATION:

PRIMARY INSURANCE	
COMPANY NAME _____	POLICY/ID # _____
ADDRESS _____	GROUP # _____
INSURED EMPLOYEE'S NAME _____	

SECONDARY INSURANCE	
COMPANY NAME _____	POLICY/ID # _____
ADDRESS _____	GROUP # _____
INSURED EMPLOYEE'S NAME _____	

HEALTH INSURANCE CLAIMS SUBMISSION POLICY

Your insurance is a method for you to receive reimbursement for fees you have paid to physicians for their services. Having insurance is not a substitute for payment. Many carriers have fixed allowances or percentages based on your contract with them, not with our office. If we participate with your insurance, we will accept the fees we have pre-negotiated with them. It is your responsibility to pay deductibles, co-insurance, copays, and non-covered balances. If we don't participate with your insurance we will assist you in receiving reimbursement, if you pay in full at the time of service. Our contract is with you for all services we provide.

RELEASE AND ASSIGNMENT

I hereby authorize Pediatric Care of York (PCY) to apply for benefits on my behalf for services rendered each time my child(ren) presents for care. Further, I assign payments from my insurance carrier to PCY for medical services rendered. I understand I am responsible for any amount non-covered by insurance. I may revoke this authorization in writing at any time.

SIGNED _____ DATE _____