

## HAMDEN PEDIATRICS Registration Form

PARENT OR GUARDIAN #1 _____	BIRTH DATE _____
PERMANENT HOME ADDRESS _____	HOME PHONE _____
CITY/STATE/ZIP _____	CELL PHONE _____
PARENT OR GUARDIAN #2 _____	BIRTH DATE _____
OTHER HOME ADDRESS _____	OTHER PHONE _____
CITY/STATE/ZIP _____	CELL PHONE _____
WHAT WOULD BE THE BEST PHONE NUMBER TO CONFIRM APPOINTMENTS? _____	
EMAIL ADDRESS _____	
RACE _____	ETHNICITY* _____
PREFERRED LANGUAGE _____	
<small>*Hispanic/Latino *Not Hispanic or Latino * Prefer not to answer</small>	

### INSURANCE INFORMATION

PRIMARY INSURANCE _____	SECONDARY INSURANCE _____
SUBSCRIBER'S NAME _____	SUBSCRIBER'S NAME _____
MEMBER ID# _____	MEMBER ID# _____
GROUP # _____	GROUP # _____
CO PAY AMOUNT \$ _____	CO PAY AMOUNT \$ _____

### CHILDREN (OLDEST TO YOUNGEST)

NAME/SEX	RESIDES W/PARENT 1, 2 OR BOTH	BIRTH DATE	CELL FOR CHILDREN 16 AND OVER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### RELEASE OF INFORMATION

I authorize my physician, health care provider, and their representatives to release information relating to an illness, injury, diagnosis, care or treatment to my insurance company, health plan, Medicare, Medicaid, or third party payor or their agents, contractors, subcontractors or affiliates, schools and camps provided they agree such information is kept confidential. Such information shall include, but is not limited to any medical records and medical information, including immunization information. I understand that the reason for furnishing such information may include the following: for use in medical, financial or physician auditing, or such other auditing, as may be legally required, for utilization and/or quality of care review and assessment and for determining available health benefits and coverage.

PARENT/GUARDIAN/PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I AUTHORIZE DIRECT PAYMENT OF MEDICAL BENEFITS TO HAMDEN PEDIATRICS FOR HEALTHCARE SERVICES  
MY CHILD RECEIVES (CHILDREN RECEIVE)

PARENT/GUARDIAN/PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_