Center for Children's Digestive Health

*Child's name: _____, _____, _____
Last First Middle

Nickname, if any: _____ Birth date: _____/_____/_____
Mo Day Year

*Gender: Male/Female Circle one Address: _____

_____
City, State Zip code

*Phone Numbers: Home (_____)_____-_____

Work (_____) _____-_____ (mom/dad/other_____)

Cell (_____) _____-_____ (mom/dad/other_____)

Fax (_____) _____-_____ (Attn: _____)

Emergency contact (other than listed above): _____ (_____)_____-_____
Name

Mother's name: _____, _____ Legal guardian (Y/N) Circle one

Father's name: _____, _____ Legal guardian (Y/N) Circle one

*Guarantor's name: _____ Guarantor's date of birth: _____/_____/_____
Mo Day Year

*Guarantor's (Ins. carrier) Social Security #: _____-_____-_____ (for billing purposes)

*Primary care doctor (family doctor or pediatrician): _____

* Phone number:(_____)_____-_____

How did you hear about our practice? _____

I hereby authorize the Center for Children's Digestive Health, SC, and its agents, to submit a health insurance claim for any service and receive payment from my insurance carrier if I do not make payment in full for such service. (Confidentially of your medical record is very important to us. We will work to maintain your privacy. Sometimes it is necessary to share limited information with others)

I authorize the Center for Children's Digestive Health, SC, and it agents, to release information from my or my child's medical chart that pertains to filing and providing adequate documentation for any insurance claim. I authorize the Center for Children's Digestive Health, SC and its agents to communicate the results of this visit with my/my child's primary care physician unless I specifically state otherwise.

I understand that I am financially responsible for any outstanding balances or expenses resulting from collection of the amounts billed by the Center for Digestive Health. I understand that this consent has no expiration date and is revocable until the time that billing action is undertaken.

*Signature: _____Date: _____

Print name: _____Relationship: _____

PLEASE CIRCLE THE NUMBER YOU PREFER TO BE REACHED AT!!!!!!