

STAPLETON PEDIATRICS, PC

2975 Roslyn St, Suite 100, Denver, CO 80238 Phone: 303-399-7900 Fax: 303-399-7999

PEDIATRIC REGISTRATION FORM

Date: _____

PARENT / GUARDIAN INFORMATION					
MOTHER'S INFORMATION			FATHER'S INFORMATION		
Mother's Name			Father's Name		
Mother's SS #		DOB	Father's SS #		DOB
Spouse's Name If different from Father			Spouse's Name If different from Mother		
Address			Address		
City, State, Zip			City, State Zip		
Home Phone Number			Home Phone Number		
Cell Phone		Pager	Cell Phone		Pager
Employer Name			Employer Name		
Work Phone Number			Work Phone Number		
INSURANCE INFORMATION					
Primary Insurance:			Subscriber Name:		DOB:
Secondary Insurance:			Subscriber Name:		DOB:
PATIENT INFORMATION					
Child's Legal Name	DOB	M F	Child's Legal Name	DOB	M F
Child's Legal Name	DOB	M F	Child's Legal Name	DOB	M F
Child's Legal Name	DOB	M F	Child's Legal Name	DOB	M F

Emergency Contact: _____ **Phone:** _____

Consent to Treat: I hereby consent to the treatment of the above listed child/ren as the parent or legal guardian of the child/ren. I further understand that I must submit in writing, in advance, my approval for anyone else to bring the child/ren for services, such as a grandparent or other relative, prior to services being rendered.

Health Insurance Portability and Accountability Act (HIPAA): I consent to the use or disclosure of protected health information (PHI) by Stapleton Pediatrics, P.C. for the purpose of diagnosing or providing treatment of the above listed child/ren, obtaining payment for health care bills or to conduct health care operations. I understand that I have a right to review Stapleton Pediatrics' Notice of Privacy Practices prior to signing this document.

 Signature of Parent or Legal Guardian Date

ANNUAL REVIEW OF REGISTRATION INFORMATION:

I have reviewed this information and verify that all information contained herein remains current and valid.

Date Reviewed

Signature of Insured / Responsible Party

Date Reviewed

Signature of Insured / Responsible Party