



First \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

DOB \_\_\_\_\_ SS# \_\_\_\_\_

DOB \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Home # \_\_\_\_\_

Home # \_\_\_\_\_

Cell # \_\_\_\_\_

Cell # \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Work # \_\_\_\_\_ Ext. \_\_\_\_\_

Work # \_\_\_\_\_ Ext. \_\_\_\_\_

**Other Contact Info**

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Home # \_\_\_\_\_ Other # for Emerg. Contact \_\_\_\_\_

Previous M.D. or Referral Source \_\_\_\_\_

**Insurance Information**

Responsible Party

Name \_\_\_\_\_

Insurance Co. Name \_\_\_\_\_

Member ID # \_\_\_\_\_

Group# \_\_\_\_\_ Effective Date \_\_\_\_\_

Employer \_\_\_\_\_

Claims Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Co Phone# \_\_\_\_\_

Insured (If different from Responsible Party)

Name \_\_\_\_\_

DOB \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**RESPONSIBLE PARTY STATEMENT:** I hereby authorize Excel Pediatrics to furnish information to insurance carriers concerning my child/ children's illness(es) and treatment(s). I understand that I am financially responsible for all charges whether or not covered by insurance and that unless I am a member of an organization with which Excel Pediatrics is a contracted provider, all charges are due at the time the service is rendered.

**GUARANTOR SIGNATURE:** \_\_\_\_\_

The next set of questions are for reporting purposes only, you may refuse to answer.

**Race**

- American Indian or Native Alaskan
- Asian
- Black or African/ American
- Native Hawaiian/ Other
- White
- Refusal to report/ Unable to Report

**Ethnicity**

- Hispanic/Latino
- Non- Hispanic/ Non-Latino
- Refuse to Report/ Unable to Report

What is the Primary Language you speak at home? \_\_\_\_\_