Developmental Behavioral Pediatrics of Central, PA

Patient Information

Child's Information

Child's Primary MD _____

NAME (Last)_____ (First)_____(Middle)_____

Date of Birth_____ SSN: _____-_____-_____ GENDER: ☐ MALE ☐FEMALE

Parents/ Guardian Information

Name of Mother (Last)_____(First)_____Middle_____

Date of Birth:_____ **SSN:** _____-_____-_____**Email**_____

Address: _____

City_____**ST**_____**Zip**_____

Phone CELL_____**HOME**_____**WORK**_____

Name of Father (Last)_____(First)_____Middle_____

Date of Birth:_____ **SSN:** _____-_____-_____**Email**_____

(If different)

Address: _____

City_____**ST**_____**Zip**_____

Phone CELL _____**Home**_____**Work**_____

Emergency Contact _____**(Relation)**_____**Tel**_____

Insurance Information

Insurance Carrier Name _____

Policy Holder: _____ **DOB:** _____

Secondary Insurance _____

Policy Holder_____ **DOB:**_____

Revised 06/01/2014

Developmental Behavioral Pediatrics of Central, PA

Consent for treatment: (Please initial)

_____ I hereby give consent to Developmental Behavioral Pediatrics of Central Florida, PA to provide whatever treatment the assigned health care provider may deem necessary to the patient named below. I understand I am responsible for payment of services provided to my child. I hereby assign insurance benefits, otherwise payable to me, to be paid directly to Developmental Behavioral Pediatrics of Central Florida, PA for professional provider's fees and authorize release of information for insurance purposes. I understand I am responsible for charges not covered by the insurance policy, including copayments, deductibles and non-covered benefits.

HIPPA:

_____ I acknowledge that I have received Developmental Behavioral Pediatrics of Central Florida, PA, Notice of Privacy Practices. I have had full opportunity to read and consider the contents of this Notice of Privacy Practices.

List organizations you authorize us to disclose your child's information: (Example: Pediatrician, yourself)

_____

_____

Patient name : _____ DOB: _____

Parent name: _____

Signature: _____ Date: _____

Revised 06/01/2014