

2018

LAURELWOOD PEDIATRICS PATIENT INFORMATION

New Patient Established Patient

Please list all children who are patients at Laurelwood

	<u>NAME</u>	<u>NICKNAME</u>	<u>GENDER</u>	<u>DOB</u>	<u>Who's your Primary Doctor?</u>
1.	_____	_____	_____	_____	<input type="checkbox"/> Dr. Lana Yanishevski
2.	_____	_____	_____	_____	<input type="checkbox"/> Dr. Chris Hanson
3.	_____	_____	_____	_____	<input type="checkbox"/> Dr. Ashley Miller
4.	_____	_____	_____	_____	<input type="checkbox"/> Dr. Joel Siegel
					<input type="checkbox"/> Dr. Nouth Magdovitz

PARENT / LEGAL GUARDIAN

PARENT / LEGAL GUARDIAN

Name _____

Name _____

Birth Date _____

Birth Date _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phones: Home _____ Cell _____

Phones: Home _____ Cell _____

Work _____

Work _____

Employer _____

Employer _____

Email Address _____

Email Address _____

If this is your first visit with us, who may we thank for the referral? _____

Emergency Contact Information

Name _____ Relationship _____ Phone _____

PRIMARY INSURANCE INFORMATION

GENERAL CONSENT AUTHORIZATION

Insurance Carrier _____

People authorized to consent for medical treatment (step-parents, grandparents, aunts, etc.)

Policy # _____ Group # _____

1. _____
Name/Relationship to patient

Policy Holder's Name _____

2. _____
Name/Relationship to patient

Policy Holder's Birthdate _____

Do your children have TennCare? _____

I hereby authorize Laurelwood Pediatrics, LLC to furnish information to my insurance carrier concerning any treatment/illness/accident, and hereby irrevocably assign to the doctor all payments for medical services rendered to me. I understand that I am financially responsible for all charges whether or not they are covered by my insurance. I also understand that I am responsible for any reasonable costs and / or attorney fees incurred for the collection of this account. Our policy is payment at the time of service.

Parent / Guardian Signature

Printed Name

Date

