MANSOOR PEDIATRICS PATIENT INFORMATION

PATIENT INFORMATION
LAST NAME: ____________________ FIRST NAME__________________________M.I. _________
DOB: _______________ SOCIAL SECURITY #: ________ - _______ - _________
GENDER: MALE FEMALE

PARENT / GUARDIAN INFORMATION
MOTHER:
LAST NAME: ____________________ FIRST NAME__________________________M.I. _________
DOB: _______SOCIAL SECURITY #: ______ - _______ - ______ DRIVERS LICENSE #________ ______
ADDRESS: ____
CITY: ______________________________________STATE: ___________ ZIP CODE: _____________
PHONE NUMBER(s): HOME: _(_____)________________ CELL _(_____)_____________________
WORK: _(_____)________________ EMAIL: _________________________

FATHER:
LAST NAME: ____________________ FIRST NAME__________________________M.I. _________
DOB: _______SOCIAL SECURITY #: ______ - _______ - ______ DRIVERS LICENSE #_________ ______
ADDRESS: ____
CITY: ______________________________________STATE: ___________ ZIP CODE: _____________
PHONE NUMBER(s): HOME: _(_____)________________ CELL _(_____)_____________________
WORK: _(_____)________________ EMAIL: _________________________

INSURANCE INFORMATION
PLEASE MARK ALL THAT APPLY:
MEDICAID: #________________________
SELF PAY: ______

IF PRIVATE INSURANCE
PLEASE COMPLETE THE FOLLOWING
____
NAME OF POLICY HOLDER
________________ ______________________
POLICY HOLDERS SOCIAL SECURITY & DATE OF BIRTH

PLEASE PROVIDE PROOF/ COPY OF THE FOLLOWING
INSURANCE / MEDICAID CARD: _________
SOCIAL SECURITY CARD: ________
DRIVERS LICENSE: ________
SHOT RECORD: ________

PRIVATE INS: #________________________
GROUP # ______________________________

EMERGENCY CONTACT PERSON : ___________________________RELATIONSHIP: ___________
PHONE#: (_____)_________

I authorize the release of any medical or other information necessary to process a claim on my behalf. I agree to be fully responsible for all lawful debts incurred by myself for services received from Mansoor/Healthy Steps Pediatrics whether covered by my insurance or not.

____ ______________________
Signature Date