

Patient Information

Please print

Patient Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: () _____

_____ Male _____ Female

Patient lives with: _____ mother & father _____ mother _____ father _____ other

If other, please explain: _____

In case of emergency and we are unable to reach you at the telephone number listed above, who may we contact? _____ Phone: () _____

I give _____ mother _____ father _____ grandmother _____ babysitter _____ Other _____
my permission to seek medical treatment for my child(ren). (□□□□)

Primary email address: _____

Employer: _____ Employer: _____

Work phone: () _____ Work phone: () _____

Mother's Name: _____ Father's Name: _____

Date of Birth: _____ SS# _____ Date of Birth: _____ SS# _____

Address and phone same as above _____ Address and phone same as above _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Phone: () _____ Phone: () _____

Primary Insurance: _____ Effective date: _____

Who carries the insurance? _____ Date of Birth: _____

How is the insurance carrier related to the child? _____ Mother _____ Father _____ Other

If "other", please explain: _____

Secondary Insurance: _____ Effective date: _____

Who carries the insurance? _____ Date of Birth: _____

How is the insurance carrier related to the child? _____ Mother _____ Father _____ Other

If "other", please explain: _____

Our office will submit claims directly to your insurance company. Please sign to authorize the release of medical information to your insurance company. Co-payments must be made at the time of service.

I authorize direct payment to Oxford Pediatrics and I understand it is my responsibility to supply them with the correct insurance information.

Signature: _____ Date: _____

**** Not complete yet!! Please read back of form and sign again!! ****

Oxford Pediatrics
5141 Morning Sun Road
Oxford, OH 45056
(513) 523-2156

The following information is provided to avoid any misunderstandings concerning payment for professional services rendered.

- 1) You will receive a registration form at the time of your visit. Please fill out the information thoroughly and correctly. If you have an insurance card or Medicaid card, we need a copy of this when you return the registration form. We require a copy of Medicaid cards on every visit.
- 2) Prompt payments allow us to control costs. Outstanding accounts cost both Oxford Pediatrics and your time and money; therefore, all patients will be required to establish financial arrangements for payments on their account.
- 3) All accounts are due and payable within 30 days of services rendered. Co-pays are payable on every visit. All new patients will be required to remit full payment to establish and account.
- 4) It should be mentioned that your insurance coverage is an agreement between you and your insurance company. It is your responsibility to remit payment for charges not covered by your plan and insure your carrier remits payment. If a problem occurs with your claim, you will be required to establish written financial arrangements with our practice until your insurance problem is solved.
- 5) Each month you will receive a monthly statement for services which are due and payable within 30 days. If your payment is late, or if you have not previously made financial arrangements, we will mail a notice indicating there is a problem with your account. If you are experiencing a set of circumstances out of your control, please call our office and we will be happy to make special arrangements.
- 6) All patients refusing to remit payment after 60 days of notice without pending insurance or financial agreement will force us to limit their future credit until the previous balance is paid in full or written financial agreements are accomplished. Please notify us immediately if a mistake appears on your account.
- 7) If you have any questions concerning your statement please call (513) 523-2156. If you have a change in insurance information, please let us know at your appointment. Our billing department hours are Monday-Friday 8:00-4:30.

I have read the above policies and understand them fully.

Name _____ Date _____