



# El Camino Pediatrics

*office use only	
DOC: _____	_____
Date: _____	Time: _____
Today's Date: _____	

HOME ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

MOTHER OR GUARDIAN: \_\_\_\_\_ SS #: \_\_\_\_\_

MOTHER EMPLOYER: \_\_\_\_\_ MOTHER'S WORK PHONE: \_\_\_\_\_

MOTHER'S CELL PHONE: \_\_\_\_\_ MOTHER'S DOB: \_\_\_\_\_

FATHER OR GUARDIAN: \_\_\_\_\_ SS #: \_\_\_\_\_

FATHER EMPLOYER: \_\_\_\_\_ FATHER'S WORK PHONE: \_\_\_\_\_

FATHER'S CELL PHONE: \_\_\_\_\_ FATHER'S DOB: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

NAME OF FRIEND/RELATIVE NOT LIVING WITH YOU: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(emergency use only)

RELATIONSHIP: \_\_\_\_\_

PRIMARY INSURANCE CO: \_\_\_\_\_

PRIMARY INSURED'S NAME: \_\_\_\_\_

INSURANCE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

GROUP#: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

INSURANCE ID #: \_\_\_\_\_

INSURED'S NAME: \_\_\_\_\_

OTHER INSURANCE INFO AND ID #: \_\_\_\_\_

ALL CHILDREN'S NAMES	S E X	DOB	OFFICE USE ONLY

Do we have permission to add your email address to our El Camino Pediatrics newsletter database so that you may receive our monthly newsletters? (We will not share your email for any other purpose).  No  Yes and then enter email address below:

EMAIL: \_\_\_\_\_

The undersigned agrees that all services are rendered on a paid basis only. Our policy is to collect for services at the time they are rendered. If collection becomes necessary, the undersigned shall pay all reasonable costs. We will bill insurance for those companies that we have a contractual obligation to do so. The undersigned agrees to authorize insurance benefits to be paid directly to the physician. The undersigned is responsible for all non-covered services. The undersigned authorizes the physician to provide any information required to process claims for benefits. Parents agree to have chart notes copied and forwarded when requested by specialist or school.

\_\_\_\_\_  
Mother or Guardian Date

\_\_\_\_\_  
Father or Guardian Date