

Purohit Pediatric Clinic, LLC

516 Quintard Ave, Anniston, AL 36201 -- Phone 256-741-9799 Fax 256-741-9795
 641 Snow Street, Oxford AL 36203 -- Phone 256-831-2601 Fax 256-831-2602

PATIENT'S INFORMATION

Patient Name		Gender Male or Female	Patient's Date of Birth
Mailing Address		City/State/Zip	
Home Phone	Cell Phone	Social Security Number	
Patient Language English - Spanish - Other	Ethnicity Hispanic - Non Hispanic - Other	Patient Race Caucasian - African American - Hispanic - Asian -Other	

PARENT'S INFORMATION

Mother's Name		Mother's Date of Birth	Legal Guardian Yes or No	Phone Number
Mother's Employer	Employer Phone		Mother's Social Security Number	
Father's Name		Father's Date of Birth	Legal Guardian Yes or No	Phone Number
Employer Phone	Employer Phone		Father's Social Security Number	

INSURANCE INFORMATION

Primary Insurance Carrier	Policy Holder's Name	Date of Birth
Insured ID or Contract Number		Group Number
Secondary Insurance Carrier	Policy Holder's Name	Date of Birth
Insured ID or Contract Number		Group Number

Please give the receptionist your insurance card along with this form as soon as you have completed all sections. Thank You!!!

I understand that Purohit Pediatric Clinic,LLC will bill my insurance company for services rendered to me. The billing of my insurance is a courtesy provided by Purohit Pediatric Clinic,LLC and I understand and agree that I am financially responsible for all charges that are incurred when services are rendered.

Guardian Signature	Date	Relationship
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