



iPediatrics
21 Bowling Green Parkway, Suite 202
Lake Hopatcong, NJ 07849
Phone: 973-663-1143 Fax: 973-810-3233

Patient/Child Information

Child's Name: _____ Male Female Date of Birth _____

Child resides with: Both Parents Father Mother Other

Mother's Name: _____ **Date of Birth:** _____

Home Address: _____ City, State, Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Father's Name: _____ **Date of Birth:** _____

Home Address: _____ City, State, Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Insurance Information

Primary Insurance: _____ Member ID: _____ Group #: _____

Subscriber Name: _____ Relationship to patient: _____

Subscriber Employer: _____

Employer Address: _____ City, State, Zip _____

Subscriber Social Security: _____ Subscriber DOB: _____

Pharmacy Information

Name: _____

Phone: _____

Address: _____

Fax: _____

Emergency Contact

Name: _____

Relationship: _____

Cell Phone: _____

Alt. Phone: _____

Messages (unless requested otherwise, we only leave our name/phone and general message regarding appointments)

OK to leave a detailed message at home? YES NO

OK to leave email appointment confirmation? YES NO

OK to leave a detailed message at work? YES NO

OK to send statement through Patient Portal? YES NO

I hereby authorize you to release any information, including the diagnosis and record of any treatment or examination rendered to me or my child during the period of such care to third party payers and/or other health practitioners. I authorize and request my insurance company to pay benefits otherwise payable to me directly to iPediatrics, LLC. I understand that my insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on behalf of myself or my dependent.

By signing below, I certify that I have read and understand the HIPAA Notice of Privacy Practices, which explains how my medical information will be used and disclosed.

Parent/Guardian Signature

Date