202015673

We are pleased to welcome you and your child to our practice.
Please take a few minutes to fill out this form as completely as you can.
If you have questions we'll be glad to help you. We look forward to working with your child

J C Reyes Pediatrics SC

Dr. Joselito Reyes & Dr. Ligia Grindeanu

PATIENT INFORMATION

Child's Name: _____ D.O.B _____/_____/_____ Age: _____
Last First Middle

Address: _____ City & State: _____ Zip: _____

Preferred Phone #: (_____)_____ Preferred Email Address: _____

Preferred Pharmacy : _____(_____)_____
Name Address Phone no

Next of Kin: _____ Relationship to Patient: _____

Address: _____ City & State: _____ Zip: _____ phone #: (____)_____

INSURANCE INFORMATION

Person Responsible for bill: _____ D.O.B _____/_____/_____
Subscriber

Relationship to patient: _____ phone #: (_____)_____

Address (if different from pt): _____ City: _____State: _____ Zip: _____

Insurance Company: _____ Group #: _____ ID /Policy #: _____

Subscriber Employed by: _____ Employer phone #: (_____)_____

Name of secondary insurance: _____ Subscriber: _____
(if applicable):

Group #: _____ ID/Policy #: _____ Subscriber D.O.B: _____/_____/_____

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize J C Reyes Pediatrics / Joselito Reyes MD & Ligia Grindeanu MD or insurance company to release any information required to process my claims.

_____ _____
Patient/ Guardian Signature Date