BAYSHORE PEDIATRICS, P.A. @ SPACE CENTER

Patient's Name: Age Birth Date Sex

Insurance Co. Policy# Group#

Father's Name Home # Work#

Home Address City State Zip

Current Driver's License# State SS#

Employer's Name Address

City State Zip Employer's Ph#

Insurance Co. Group # Policy #

Insurance Address City State Zip

Effective Date Phone #

Mother's Name Home # Work#

Home Address City State Zip

Current Driver's License# State SS#

Employer's Name Address

City State Zip Employer's Ph#

Insurance Co. Group # Policy #

Insurance Address City State Zip

Effective Date Phone #

Parent or Party Responsible for Account:

Next of Kin (or friend) Phone # Work #

Address City State Zip

Other Information

Changes in Above Information (Updates)

Office Policy

1. Payment for services are due at the time they are rendered.
2. Hospital charges are due 30 days after insurance settlement.
3. Newborn care charges: Prepayment or Insurance Arrangements required prior to delivery of newborn.
4. In cases of no insurance, payment for hospital care is due within 90 days.
5. I understand that it is my responsibility to call Bayshore Pediatrics offices to check on ALL laboratory reports.
6. I understand that I must comply with Managed care rules regarding specialized care. Appropriate referral and authorizations must be obtained 2 days prior to appointments with the specialist in all non-emergency cases.

I authorize payment of medical benefits directly to Bayshore Pediatrics, P.A. I also authorize Bayshore Pediatrics, P.A. to release any medical information necessary to process my claim.

Medicaid wants you to select the plan of your choice and the doctor of your choice for your child. If you do not select a doctor and a plan, they will do so for you. The idea is to make the doctor familiar with the patient so he can provide the best medical care for your child. Having immediate access to the patient's chart is very important part of that process. So if you plan on selecting another physician, you should make arrangement with that physician to see your child. If he or she refuses to see your child, you can call your Medicaid plan for advice. We have the obligation to see the patients that selected us as their PCP (primary care physician). We also will see your child if we are covering for that physician on the day of service.

Signature: Date: