

# Salud Pediatrics - Registration

Joanna E. Betancourt M.D. | Nisha Chandran M.D. | Bridget Sweeney-Gotsch M.D.

**Family Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Cell: \_\_\_\_\_

Pharmacy #: \_\_\_\_\_

**Patient(s) Name:** \_\_\_\_\_

M / F      DOB \_\_\_\_\_

Name: \_\_\_\_\_

M / F      DOB \_\_\_\_\_

Name: \_\_\_\_\_

M / F      DOB \_\_\_\_\_

Name: \_\_\_\_\_

M / F      DOB \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone / Cell \_\_\_\_\_

Phone / Cell \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Tel \_\_\_\_\_

## INSURANCE INFORMATION

Primary Ins Name \_\_\_\_\_

Secondary Ins Name \_\_\_\_\_

Insurance Effective Date \_\_\_\_\_

Insurance Effective Date \_\_\_\_\_

Policy # \_\_\_\_\_ Group \_\_\_\_\_

Policy # \_\_\_\_\_ Group \_\_\_\_\_

Policy Holder Name \_\_\_\_\_

Policy Holder Name \_\_\_\_\_

Policy Holder DOB \_\_\_\_\_

Policy Holder DOB \_\_\_\_\_

Policy Holder SS # \_\_\_\_\_

Policy Holder SS # \_\_\_\_\_

Employer Name / Tel \_\_\_\_\_

Employer Name / Tel \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION:** I hereby authorize this physician/clinic to release any information required in the course of my examination or treatment. I further expressly agree & acknowledge that my signature on this document authorizes my physician to submit claims for benefits, for services rendered or for services to be rendered without obtaining my signature on each & every claim to be submitted for myself and/or dependents.

**AUTHORIZATION TO PAY:** I hereby authorize payment directly to the business office of this physician/clinic for medical benefits, in any otherwise payable to me for services. I understand that I am financially responsible for the charges not covered by my insurance.

**NOTICE OF PRIVACY PRACTICE:** I have received a copy of Salud Pediatrics' Notice of Privacy Practices

Signature \_\_\_\_\_

Date \_\_\_\_\_