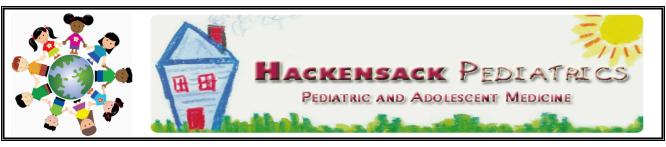
Y/N

Y/N



Patient/Child's Name		Date of Birth	:	
<u>In</u>	SURANCE INFORM	<u>MATION</u>		
PRIMARY INSURANCE:				
Policy Holder Name:	Relati	Relationship to Patient:		
Date of Birth:	Socia	ocial Security Number:		
Patient's ID#:	Patier	Patient's Group#:		
Effective Date:	Today	Today's Date:		
SECONDARY INSURANCE: Policy Holder Name: Date of Birth:		ionship to Patient:		
Patient's ID#:	Patier	nt's Group#:		
Effective Date:	Today	y's Date:		
Please list all children who current Name: (last, first MI)	tly are, or will be, p	atients at Hackensa Date of Birth:	ack Pediatrics Same Insurance?	
			Y/N	
			Y / N	
			Y/N	

RESPONSIBLE PARTY (GUARANTOR)

Responsible party (Guarantor) is the individual who agrees to accept financial responsibility for the payment of all services performed at Hackensack Pediatrics. This individual may not necessarily be the insurance cardholder. Responsible Party must read and sign below.

the insurance cardholder. Responsi	ble Party must read and sign below.	
Name	Relationship to Patient	
Address		
E-mail Address:	Occupation:	
Social Security Number:	Phone (Home):	
(Cell):	(Other Phone #):	
authorize the release of any medical this authorization to be used in place a service charge of 1.5% per mont	ve reported with regards to my insurance coverage is correct. I l information necessary to process this claim and I permit a copy of ce of the original. I also acknowledge that all charges are subject to h after 60 days from date of service. Furthermore, I agree to pay curred by this office with respect to these charges.	
SIGNATURE:	DATE:	
ASSIGNMENT OF INSURANCE BENEFITS I hereby authorize direct payment of surgical/medical benefits to the PHYSICIANS at HACKENSACK PEDIATRICS for services rendered by them in person or under their supervision. I understand that I am financially responsible for any balance not covered by my insurance. NAME:		
or financial responsibility disputes, statements to the address provide financial responsibility.	CHILD ADVOCACY s, Hackensack Pediatrics will not intervene in any custody disputes, between parents or other responsible parties. The office will send d. However, we will not look to more than one party to fulfill	
SIGNATURE:	DATE:	