Registration - Children & Youth

Date:. _____ (PLEASE PRINT)

Patient Information

Name: _____ Social Security #:_____
Last Name First Name Initial

Address: _____ Email: _____

City:_____ State:_____ Zip:_____ Home Phone#:_____

Sex: M F Age:_____ Birthdate: _____

Names of Parents:_____

School:_____ Grade:_____ Grades failed?_____

Person Responsible for Account:_____
Last Name First Name Initial

Address:_____ City:_____ State: _____ Zip:_____

Whom may we thank for referring you?_____

Notify in case of emergency?_____ Relationship:_____Phone#:_____

Check which method you prefer to receive your test results: Email: _____ Regular mail: _____

Primary Insurance

Insured's Name:_____ Birthdate:_____ Social Security #:_____

Address (if different from patient's):_____ Phone #:_____

City:_____ State:_____ Zip: _____

Insured's Employer:_____ Occupation:_____

Business Address:_____Business Phone#:_____

Insurance Company Name and Address:_____

Policy Contract #: _____ Group #:_____ Phone #:_____

Secondary Insurance

Is Patient covered by additional insurance? Yes No If so, please complete below.

Insured's Name:_____ Birthdate:_____ Social Security #:_____

Address (if different from patient's):_____ Phone #:_____

City:_____ State:_____ Zip: _____

Insured's Employer:_____ Occupation:_____

Business Address:_____Business Phone#:_____

Insurance Company Name and Address:_____

Policy Contract #:_____ Group #:_____ Phone #:_____

Assignment and Release

I, the undersigned certify that I (or my dependent) have insurance with _____
Name of Insurance Company(s)

and assign directly to Al Temple or John Stoudenmire, Ph.D. all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions. I also consent to treatment for my child.

_____ _____ _____
Responsible Party Signature Relationship Date