ANNISTON PEDIATRICS, INC.
1001 LEIGHTON AVENUE
ANNISTON, AL 36207

☐ **New Patient Information** ☐ **Patient Update** **Today's Date:** _____

Patient's Last Name: First: Middle: (Preferred/Nickname)		Marital Status (Check one) ☐ Single ☐ Married ☐ Divorced ☐ Widowed
Spouse/Parent (if minor) Name:	Patient Social Security Number:	Birth Date: Age: / /
Home Address:	City/State/Zip	Gender: ☐ M ☐ F
Cell Number:		
Emergency Contact Name and Number:	Preferred Pharmacy:	

List anyone we can leave appointment information with other than patient:	Relationship to patient and phone:
Name:	
Name:	

Responsible Party If Other Than Self/Insurance

☐ DHR ☐ Guardian ☐ Other	County/Person Responsible for Payment:
Verified by Staff:	Address:

COPY OF CARDS ATTACHED ☐ INSURANCE INFORMATION

Primary Insurance Company Name:	Insurance Company Address:	Policy Holder Name:
Patient's Relationship to Policy Holder: ☐ Self ☐ Spouse ☐ Child ☐ Other	Policy Holder Birth Date: / /	Policy Holder SSN:
Contract Number:	Group Number:	Co-Payment: $
Policy Holder Employer Name:		Employer Phone: ( )

Secondary Insurance Company Name:	Insurance Company Address:	Policy Holder Name:
Patient's Relationship to Policy Holder: ☐ Self ☐ Spouse ☐ Child ☐ Other	Policy Holder Birth Date: / /	Policy Holder SSN:
Contract Number:	Group Number:	Co-Payment: $
Policy Holder Employer Name:		Employer Phone: ( )

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 due. I understand if my bill is transferred to a professional collection agency I will be charged an additional 33% of my outstanding balance as well as any collecting attorney fees. I also authorize Anniston Pediatrics, Inc. or insurance company to release any information required to process my claims. I understand that a copy of the Practice Information form for Anniston Pediatrics, Inc. is always available.

Patient/Guardian Signature: _____ Date: _____

Staff Member: _____

Revised 07/06/2021