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Texoma Physicians Group

Pediatric and Adolescent Medicine Patient Registration Form

PATIENT INFORMATION (Please Print ONLY)

Patient's Last Name:	First Name:	M.I.:	Birth Date: – –	Age: ____ Sex: ··· Male ··· Female Social Security No.: / /

Street Address:	City:	State:	ZIP:	Home Phone No.: ( ) –

Other family members treated here:

PARENT(S) / LEGAL GUARDIAN INFORMATION

Mother's Last Name:	First Name:	M.I.:	Birth Date: – –	Social Security No.: / /

Street Address: (or same as above)	Home Phone No.: ( ) –	Work Phone No.: ( ) –	Cell Phone No.: ( ) –

Occupation:	Employer:	Name of Spouse: (if not Father/Legal Guardian)

Father's Last Name:	First Name:	M.I.:	Birth Date: – –	Social Security No.: / /

Street Address: ··· *Check here if same as above*	Home Phone No.: ( ) -	Work Phone No.: ( ) –	Cell Phone No.: ( ) –

Occupation:	Employer:	Name of Spouse: (if not Mother/Legal guardian)

INSURANCE INFORMATION

Primary Ins. YES NO	Policy Holder:	Relationship to Patient:

Insurance Company:	Insurance Address:	Insurance Phone No.:

Member/Subscriber ID:	Group/Plan Number:	Deductible: $	Co-Payment: $

Secondary Ins: YES NO	Policy Holder:	Relationship to Patient:

Insurance Company:	Insurance Address:	Insurance Phone No.:

Member/Subscriber ID:	Group/Plane Number:	Deductible: $	Co-Payment $

IN CASE OF EMERGENCY

Name of friend / relative (not living at same address):	Relationship to patient:	Work Phone No.: ( ) –	Cell Phone No.: ( ) –

CONSENT

The above information is true to the best of my knowledge. I give consent for treatment and authorize that my insurance benefits for covered services be paid directly to Texoma Physicians Group PLLC. I understand that I am financially responsible for any balance or service not covered by my insurance company. I authorize the Group and/or the insurance company to release any information required to process my claim. I also authorize a copy of this Consent to be used in lieu of the original. I further authorize the release of private health information to other providers involved in my child's care.