



Demographics

CHILDREN'S FULL LEGAL NAME	SEX	BIRTHDATE	RACE	HISPANIC? (circle one)
1. _____				Yes No
2. _____				Yes No
3. _____				Yes No
4. _____				Yes No

Marital Status of Parents: Married Divorced/Divorce pending Single (never married)

Religion: _____

Mother's Name: _____ **Date of Birth:** _____ **SS#** _____

Contact Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Employer: _____

Father's Name: _____ **Date of Birth:** _____ **SS#** _____

Contact Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Employer: _____

Emergency Contact: _____ **Phone:** _____ **Relationship** _____
(other than parent)

Primary Insurance Name: _____ **Effective Date:** _____

Full name of Insured: _____ **Date of Birth:** _____ **SS#** _____

Employer: _____

Secondary Insurance Name: _____ **Effective Date:** _____

Full name of Insured: _____ **Date of Birth:** _____ **SS#** _____

Employer: _____

The parent/legal guardian is responsible for knowing the specifics of his/her insurance plan and following its procedures. We strongly advise checking with your insurance carrier regarding well care/preventative care (including immunizations) coverage. We also advise doing the same prior to visiting a Specialty Doctor, obtaining x-rays and/or lab work, hospital admissions, and any such services. The patient (or parent/legal guardian is responsible for communicating any of the above mentioned special needs to the office staff and is ultimately responsible for payment of any services rendered.

I hereby grant permission to Wadsworth Pediatrics to release any pertinent information to my insurance company for billing purposes or upon their request, and I also authorize payment directly to Akron Children's Hospital for services rendered by Wadsworth Pediatrics.

Parent/Guardian Signature

Date