



**Welcome to Altamonte Pediatric Associates!**  
 We strive to make each of your child's visits pleasant and comfortable.  
 Please fill out this form completely on both sides. Thank you.

**Primary Insurance Information**

Insurance Company Name \_\_\_\_\_

I.D # \_\_\_\_\_ Group # /Name \_\_\_\_\_ Date Insurance effective \_\_\_\_\_

Ins. Co. Address \_\_\_\_\_

Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insured's Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Soc. Sec# \_\_\_\_\_

Employer \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Do you and/or a member of your family have other health insurance in addition to the one listed?     Yes     No

Is your spouse employed and eligible for coverage through his/her employer?     Yes     No

If yes, did your spouse elect not to have coverage through their employer's group insurance?     Yes     No

**Person Responsible for Payments, Not Covered by Insurance.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Soc Sec. \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Phone#

**Does a court decree state who has financial responsibility for providing health coverage for this child.**

( ) NO ( ) YES, the court decree specifies that \_\_\_\_\_

Name

Relationship

Soc. Sec#

**Authorization and Release**

I authorize and request my insurance company to pay directly to the doctor or group, insurance benefits otherwise payable to me.

I understand that my insurance carrier may pay less than the actual bill for my services. I agree to be responsible for payments for all services rendered on my behalf or my dependents.

I realize that failure to keep this account current may result in you being unable to provide additional services except for emergencies or where there is a third party contractual agreement. I understand that any disputes with third party carriers or any denials of payment on their part are my responsibility and that in the case of default on payment of this account, I agree to pay collection costs and reasonable attorney fees incurred in attempting to collect on this amount or any future account balances.

*Signature of Parent or Guardian* \_\_\_\_\_

**Date** \_\_\_\_\_
