

# ELLCOTT CITY PEDIATRIC ASSOCIATES, P.A

TAX ID# 52-1049926

9011 CHEVROLET DRIVE, SUITE 1-6  
ELLCOTT CITY, MARYLAND 21042  
TELEPHONE (410) 465-7550

## FAMILY REGISTRATION – Please Print Clearly

Date: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

First Name: \_\_\_\_\_ Last: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

First Name: \_\_\_\_\_ Last: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Employer: \_\_\_\_\_

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Email Address: \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### INSURANCE INFORMATION

(Medical Assistance MUST be Secondary if you carry Commercial Insurance)

#### Primary Policy:

Policy Holder's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex (Circle One): Male/Female

Insurance Name: \_\_\_\_\_ ID# \_\_\_\_\_ Group# \_\_\_\_\_

Effective Date: \_\_\_\_\_ S.S.N. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Employer: \_\_\_\_\_

#### Secondary Policy:

Policy Holder's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex (Circle One): Male/Female

Insurance Name: \_\_\_\_\_ ID# \_\_\_\_\_ Group# \_\_\_\_\_

Effective Date: \_\_\_\_\_ S.S.N. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Employer: \_\_\_\_\_

### BILLING INFORMATION

Financially Responsible Person (Circle One): Patient / Mother / Father / Other \_\_\_\_\_

Name if different from Mother or Father \_\_\_\_\_

Financially Responsible Person's Address (If Different from Patient)

\_\_\_\_\_  
Street City State Zip Code

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ S.S.N. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### EMERGENCY CONTACT (other than parents): NAME AND RELATIONSHIP

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

