

Today's Date: _____

Patient's Full Name: _____ DOB: _____ Gender: M F

Emergency Contact (other than parents) Name: _____ Ph #: _____

Pharmacy Name and Ph# or Cross Streets: _____

Parent/Legal Guardian: _____ Home Phone #: _____

Relationship to Patient: Biological Adoptee Step-Parent Legal Guardian Foster

Email _____

Only a biological parent can authorize medical care unless legal documentation is provided.

Parent/Legal Guardian DOB: _____ Cell Phone #: _____

Parent/Legal Guardian Address: _____ City: _____

State: _____ Zip: _____ **Desired way to be reached:** Cell Home E-Mail Text Msg

Place of Employment: _____ Work #: _____

Parent/Legal Guardian: _____ Home Phone #: _____

Relationship to Patient: Biological Parent Adoptee Step-Parent Legal Guardian Foster

Email _____

Only a biological parent can authorize medical care unless legal documentation is provided.

Parent/Legal Guardian DOB: _____ Cell Phone #: _____

Parent/Legal Guardian Address: _____ City: _____

State: _____ Zip: _____ **Desired way to be reached:** Cell Home E-Mail Text Msg

Place of Employment: _____ Work #: _____

PLEASE GIVE THE FRONT OFFICE STAFF YOUR CARD

Primary Insurance Co.: _____ Policy ID# _____

Policy Holders Name: _____ DOB: _____

Relationship to Patient: Bio-Parent Step Parent Guardian Other _____

Secondary Insurance Co.: _____ Policy ID# _____

Policy Holders Name: _____ DOB: _____

Relationship to Patient: Bio-Parent Step Parent Guardian Other _____

By my signature below, I authorize the release of information necessary to file a claim with the previously stated insurance companies and assign benefits otherwise payable to me, to the doctor or the group indicated on the claim. I understand and agree that regardless of my insurance status, I am ultimately responsible for the balance on my account. I understand that copayments, deductibles, coinsurances and any uncovered services are due at the time of service.

The Signee affirms that the above information is correct. AAKP is not responsible for charges incurred or consent given if information is not accurate. Signed: