

Med Peds Clinic of Fort Collins, LLC
4674 Snow Mesa Drive, Ste 120
Fort Collins, CO 80528

Pediatric Registration Sheet

Child's Name _____ Phone# _____
Last First Middle
Sex _____ Male _____ Female Date of Birth _____
Address _____
City _____ State _____ Zip _____
Mother's Name _____
Father's Name _____

Guarantor (Person to whom we should send bills or other correspondence)

Name _____
Relationship to child _____ Phone # _____
Date of Birth _____ Social Security # _____
Address (if different than patient) _____
City _____ State _____ Zip _____

Primary Insured (Insurance Subscriber)

Name of Insured _____
Relationship to child _____ Phone # _____
Date of Birth _____ Social Security # _____
Address (if different than patient) _____
City _____ State _____ Zip _____

Protected Health Information Waiver

Please list the names of any individuals to whom you give the staff at Med Peds Clinic permission to discuss protected health information with. This would include anyone who may be bringing the child to appointments, i.e. A grandparent, nanny, sibling, etc . . .

Assignment of Benefits/Release

I, the undersigned certify that all information entered on this form is true to the best of my knowledge. I hereby assign all insurance benefits directly to the Med Peds clinic. I authorize the use of this signature on all insurance submissions.

Signature _____ Date _____

Relationship to child _____