

RPI ACCOUNT NO. _____

READING PEDIATRICS, INC.
NEW PATIENT ENROLLMENT FORM

Child resides with 1) both parents 2) father 3) mother. Circle one. List the full name and date of birth of children you are enrolling.

1. _____ 2. _____
LAST FIRST DOB LAST FIRST DOB

3. _____ 4. _____
LAST FIRST DOB LAST FIRST DOB

Person to notify in case of emergency (relative, friend, someone other than the parent):

NAME RELATIONSHIP PHONE NO.

FATHER'S NAME _____ MOTHER'S NAME _____

ADDRESS _____ ADDRESS _____

_____ ZIP _____ _____ ZIP _____

HOME PHONE NO. _____ HOME PHONE NO. _____

EMPLOYER FATHER: _____ EMPLOYER MOTHER: _____

ADDRESS _____ ADDRESS _____

_____ ZIP _____ _____ ZIP _____

PHONE NO. _____ PHONE NO. _____

FOR INSURANCE PURPOSES: PLEASE NOTE - WE NEED ALL INSURANCE INFORMATION BEFORE YOUR INSURANCE CAN BE EFFECTIVE WITH READING PEDIATRICS.

Father's Date of Birth _____ Mother's Date of Birth _____

SS # _____ SS # _____

#1 PRIMARY INSURANCE CO. Name _____

Owner of Policy (Parent's Name) _____

ID# _____ Group # _____ Effective Date _____

#2 SECONDARY INSURANCE CO. Name _____

Owner of Policy (Parent's Name) _____

ID# _____ Group # _____ Effective Date _____

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AUTHORIZATION TO RELEASE INFORMATION AND ASSIGNMENT OF BENEFITS

I authorize the release of any medical information necessary to process this claim. I permit a copy of this authorization to be used in the place of the original.

I hereby authorize READING PEDIATRICS, INC. to apply for benefits on my behalf for covered services rendered by him/her, or by his/her order. I request that payment from my insurance company be made directly to READING PEDIATRICS, INC.

DATE _____ SIGNATURE _____

PRINT NAME _____

I understand that Reading Pediatrics

_____ is a participating provider with my insurance company.

_____ is not a participating provider with my insurance company.

I understand that payment is due at time of service unless the charges are being submitted to my insurance company by Reading Pediatrics.

DATE _____ SIGNATURE _____

PRINT NAME _____

DATE _____ RECEPTIONIST RECEIVING ENROLLMENT _____