

STAPLETON PEDIATRICS, P.C.
2975 ROSLYN, SUITE 100, Denver, CO 80238 **(303) 399-7900**

Family Information

Mother's Full Name _____ Date of Birth _____ SSN _____

Father's Full Name _____ Date of Birth _____ SSN _____

Address _____ City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone Number _____

Mother's Work Number _____ Father's Work Number _____

Email Address _____ How did you hear about us? _____

Please list all children in the family (including child to be seen today).

_____	_____	_____	_____	_____	_____
Child Legal Name	DOB	Sex	Child Legal Name	DOB	Sex

_____	_____	_____	_____	_____	_____
Child Legal Name	DOB	Sex	Child Legal Name	DOB	Sex

Does your child (children) live with both parents? Yes _____ No _____ Please list below.

_____	_____	_____	_____
Step Parent Name	Phone Number	Step Parent Name	Phone Number

Insurance Information (Please have insurance cards ready to copy.)

Primary Insurance _____ Subscriber Name _____

Subscriber Address & phone #: (if different from above) _____

Employer Name _____ Phone number _____ Occupation _____

Secondary Insurance _____ Subscriber Name _____

Emergency Information

Person to notify that is not living with family _____

Relationship to patient _____ Phone Number _____

Release of information/Authorization for payment

I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment. I authorize payment of medical benefits to Stapleton Pediatrics, P.C.

_____	_____	_____
Signature of Insured/Responsible Party	Date	Relationship to patient

I acknowledge receipt of a copy of the office and financial policies. Initial please _____