

# RAMBLC Pediatric Medical Group, Inc.

Doctors: Dr.Kim, Dr.Trager, Dr. Cirone, Dr. Silverman, Dr. Loftis       New Patient    Update  
 Dr.Lan, Dr.Min, Dr.Ahmann, Dr.Pitts-Davis

### Patient Information:

Name (Last, First)	Sex	Birth Date	Name (Last, First)	Sex	Birth Date
_____	M or F	___/___/___	_____	M or F	___/___/___
_____	M or F	___/___/___	_____	M or F	___/___/___
_____	M or F	___/___/___	_____	M or F	___/___/___
_____	M or F	___/___/___	_____	M or F	___/___/___

### Parent or Guardian Information:

Responsible Party	Other Parent or Guardian
_____	_____
Birth Date: ___/___/___	Birth Date: ___/___/___
SS #: ___/___/___	SS #: ___/___/___
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Occupation: _____	Occupation: _____
Home# (____) _____ - _____	Home# (____) _____ - _____
Work# (____) _____ - _____	Work# (____) _____ - _____
Cell# (____) _____ - _____	Cell# (____) _____ - _____
Relationship to Patient: _____	Relationship to Patient: _____
Email _____	Patient(s) Lives With _____ Referred By _____

### Insurance and Emergency Contact Information:

Subscriber Name: _____	Relationship to Patient: _____
Primary Insurance Name: _____	Group# _____ ID# _____
Claims Payment Address: _____	City: _____
State: _____ Zip: _____	Effective Date: ___/___/___
In An Emergency, Please Contact (other than above) _____	
Relationship _____	Phone# (____) _____ - _____

### Authorization of Treatment, Payment Agreement, and Receipt of HIPPA Notice of Privacy Rights and Practices:

As parent or legal guardian, I give permission of the physicians at RAMBLC Pediatric Medical Group to treat the patient(s) listed above. I agree to pay for all services rendered in accordance with the financial policy of this office, and I authorize that my insurance benefits be paid directly to my physician at RAMBLC Pediatric Medical Group, Inc. I will promptly pay any charges not covered by my insurance company. I have received the HIPPA Notice of Privacy Rights and Practices.

**Parent / Guardian Signature**  \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_