

MINOR PATIENT REGISTRATION FORM

Minor's Name: _____ Date of Birth: _____

Age: _____ Gender: _____ Preferred Language: _____ Social Security Number: _____

Parent name or Legal Guardian (First and Last name): _____

Insurance Information:

_____/_____/_____
 Insurance Carrier (Primary and Secondary) Name of Insured (Guarantor) Guarantor Date of Birth

Race: (Please circle one) *Not Hispanic / Latino *Hispanic / Latino *Unknown *Other: _____ *Declined to Specify	Ethnic Group: (Please circle one) *American Indian *African American *White *Other: _____ *Declined to Specify
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How did you hear about us? _____

PHONE # (Cell) _____

PHONE # (Home) _____

May we send you appointment reminders via text message?
 (Circle one): YES / NO

Please list your EMAIL so we may enable your patient portal:

BILLING ADDRESS:

Street/ PO Box

City, State, Zip Code

PAYMENT POLICY: The adult/guardian who brings in the child will be responsible for all copayments and deductibles. We do not forward bills to other parties regardless of court rulings or divorce decrees.

UNACCOMPANIED CHILDREN: If your child will be coming to the office for regular treatments of her/his dermatological condition(s) unaccompanied, please see the below agreement if you wish your unaccompanied child to be seen.

Initials

_____ I understand that I am responsible for payment of my account at the time of service for deductibles, non-covered services, medically unnecessary services, co-payments and insurance balances, should my primary insurance be with a company with which the physicians are contracted. If my insurance company is not one with which the physician is contracted, I am responsible for the entire amount at the time of service.

_____ For whatever reason, should my account fall into a 45 day (or after the date of service) category, I authorize this office to generate charges to my major credit card for that unpaid balance without further permission or notice. A receipt for charges will be mailed to my address.

- VISA
 MasterCard
 American Express
 Discover
 Other

Name as it appears on credit card: _____ Credit Card #: _____ /Expiration(MM/YY)

 Parent / Legal Guardian Signature Date of Signature