

Beaumont Pediatric Center, PLLC

3127 College Street Beaumont, TX 77701 (409) 899-1433 Fax (409) 981-9089

Dr. Hubbell Dr. Brown Dr. Worley Dr. Roesler Dr. Bartz Misty Moss, FNP Cheryl Smith, FNP

PATIENT INFORMATION SHEET

Please fill out all information below.

Patient	
NAME: _____	DOB: _____ GENDER: M F
ADDRESS: _____	HOME PHONE: _____
CITY: _____ ST: _____ ZIP: _____	SSN: _____

Parents/Guardians	
MOTHER: _____	FATHER: _____
DOB: _____ SSN: _____	DOB: _____ SSN: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____ ST: _____ ZIP: _____	CITY: _____ ST: _____ ZIP: _____
HOME PHONE: _____	HOME PHONE: _____
MOTHER EMPLOYER: _____	FATHER EMPLOYER: _____
MOTHER WORK #: _____	FATHER WORK #: _____
MOTHER CELL#: _____	FATHER CELL #: _____
Drivers License #: _____	Drivers License #: _____

Emergency Contact – someone not living in the same household	
NAME: _____	HOME PHONE: _____
ADDRESS: _____	RELATIONSHIP: _____
CITY: _____ ST: _____ ZIP: _____	CELL PHONE: _____

<u>Information on Insurance Carrier other than parent (grand parent, step parent, etc.)</u>	
NAME: _____	DOB: _____
ADDRESS: _____	RELATIONSHIP: _____
CITY: _____ ST: _____ ZIP: _____	CELL PHONE: _____

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I am the parent of _____ by signing below I authorize the following people other than the biological mother and/or father, to bring my child to the providers at Beaumont Pediatric Center, PLLC for treatment. (please print name and relationship to patient)

<u>Name</u>	<u>Relationship to Patient</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I have received from Beaumont Pediatric Center, PLLC a copy of the company HIPPA Policy, Financial Policy and Office Policy. By signing below I understand my financial obligations to the practice as well as the Office Policy, HIPPA Policy, and obligations of the practice to protect my child's health information.

Messages may be left regarding my child at the following locations:

- Home Phone Ans. Machine Mothers Work Fathers Work
 Mothers Cell Fathers Cell _____

Parents Signature

Date

INSURANCE is a contract between you, your employer and the insurance company. We are not party to that contract. It is very important that you understand the provisions of your policy. It is your responsibility to verify that we are an in-network provider on your specific plan. Insurance plans vary considerably, and we cannot predict or guarantee what part of our services will be covered. It is the responsibility of the parent to provide accurate and timely insurance information. Therefore, we ask you bring your current insurance card and driver's license to each visit. Inaccurate or untimely information given to the staff that results in denial or not coverage by your insurance company will result in a guarantor being responsible for the payment.

Initial: _____

Carl J. Hubbell, MD
T. Renee Brown-Nembhard, MD
Kyle E. Worley, MD

Misty Moss, FNP

Nathan Roesler, MD
Roger Bartz, MD
Cheryl Smith, FNP