

# Hillsborough Pediatrics



390 Amwell Road, Suite 106 - Hillsborough, New Jersey 08844 • Phone: (908) 431-3100 • Fax: (908) 431-3101

PATIENT				
Name (Last, First, MI)	Social Security	Birthdate	Sex	Home Phone
Mailing Address	City		State	Zipcode

PARENTS / GUARDIANS			
Name (Last, First, MI)	Social Security	Birthdate	Relationship to Patient
Occupation	Daytime Phone	Evening Phone	Mobile Phone
Name (Last, First, MI)	Social Security	Birthdate	Relationship to Patient
Occupation	Daytime Phone	Evening Phone	Mobile Phone

RESPONSIBLE PARTY				
Name (Last, First, MI)	Social Security	Birthdate	Sex	Home Phone
Mailing Address	City		State	Zipcode
Employer	City	State	Zipcode	Work Phone

INSURANCE INFORMATION			
Primary Insurance Company	Policy Number	Group Number	Copay
Subscriber's Name	Subscriber's Birthdate	Subscriber's SS #	Relationship to Patient

EMERGENCY CONTACT INFORMATION			
Contact Name	Relationship	Primary Phone	Secondary Phone

**PATIENT RELEASE:**

I certify that the information I have provided is correct. I authorize the release of medical information necessary to process insurance claims to insurance companies or their agencies (including Medicare), for the purpose of filing and payment of medical claims. I authorize payment of medical benefits to the provider. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR NON-COVERED SERVICES. I ACKNOWLEDGE THAT INTEREST OR A FEE, AT THE PROVIDER'S CURRENT RATE, MAY BE CHARGED on all balances owing to the provider that are past due.

I permit a copy of this release to be used in place of the original.

Signature: \_\_\_\_\_  
 (Signature of insured or authorized person, patient or parent if minor)

Date: \_\_\_\_\_