



Barney Softness, M.D.  
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## Patient Registration Form

Today's Date: \_\_\_\_\_

### PATIENT INFORMATION

<b>PATIENT INFORMATION</b>		
<b>Patient's Last Name:</b> _____	<b>First:</b> _____	<b>Middle:</b> _____
<b>Birth date:</b> /     /	<b>Seen in Hospital?</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>OB/GYN Name:</b> _____
<b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>If yes, Mother's Last Name in Hospital:</b> _____	_____
<b>Home Address:</b> _____  _____		<b>Phone Number and Contact Informationb:</b>
<b>Apt #:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____		<b>Home Phone:</b> (     ) - _____ - _____
		<b>Cell Phone:</b> (     ) - _____ - _____
		<b>Work Phone:</b> (     ) - _____ - _____
		<b>Additional Phone:</b> (     ) - _____ - _____
		<b>Email Address:</b> _____

### GUARANTOR INFORMATION

<b>GUARANTOR INFORMATION</b>	
<b>Person Responsible for the Bill:</b> _____	<b>Billing Address (if different than above):</b> _____
<b>Birth Date:</b> /     / <b>SSN:</b> -     -	<b>Apt #:</b> <b>City:</b> <b>State:</b> <b>Zip:</b>
<b>Occupation:</b> _____	<b>Employer:</b> _____

### OTHER PARENT INFORMATION

<b>OTHER PARENT INFORMATION</b>	
<b>Name:</b> _____	<b>Home Address (if different than above):</b> _____
<b>Birth Date:</b> /     / <b>SSN:</b> -     -	<b>Apt #:</b> <b>City:</b> <b>State:</b> <b>Zip:</b>
<b>Occupation:</b> _____	<b>Employer:</b> _____

### CLAIMS AUTHORIZATION

"I understand that the practice of West End Pediatrics, P.C. does not accept any form of insurance. Unless I have made prior alternative arrangements, I agree to make direct payment at time of service to the physician(s) of West End Pediatrics, P.C. for service furnished to me, regardless of compensation paid to me or my family by HMO's or insurance carriers.

**Guarantors Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### PAYMENT AUTHORIZATION

<b>PAYMENT AUTHORIZATION</b>			
<b>Credit Card Type:</b>	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMEX
	<input type="checkbox"/> DISCOVER		
<b>Credit Card Number:</b> _____		<b>Expiration Date:</b> _____	<b>Security Code:</b> _____
<b>Cardholder Signature:</b> _____		<b>Print Name of Cardholder:</b> _____	