

# Minor Patient Registration Form

**PLEASE PRINT CLEARLY**

Dermatology Associates provider: **RJA DCD BJJ RJL JEM KJG KAS**

Referring Doctor: \_\_\_\_\_  
First and Last Name City, State Phone #

Child's Name: \_\_\_\_\_  
Last First Middle Initial

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_ Male \_\_\_ Female Prefer to be called: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street # Street Name Apt. #  
City State Zip

Legal Guardian/Parent Name: \_\_\_\_\_  
Last First Initial

Guardian Social Security # \_\_\_\_\_ Guardian Date of Birth: \_\_\_/\_\_\_/\_\_\_

Home Phone:( ) \_\_\_\_\_ Work:( ) \_\_\_\_\_ Cell:( ) \_\_\_\_\_

Guardian E-Mail address: \_\_\_\_\_

## **INSURANCE COVERAGE – PRIMARY**

Insurance Co. Name: \_\_\_\_\_

Name of Policy Holder (Insured): \_\_\_\_\_

Policy Holder Social Security #: \_\_\_\_\_

Policy Holder Date of Birth: \_\_\_/\_\_\_/\_\_\_

## **INSURANCE COVERAGE – SECONDARY**

Insurance Co. Name: \_\_\_\_\_

Name of Policy Holder (Insured): \_\_\_\_\_

Policy Holder Social Security #: \_\_\_\_\_

Policy Holder Date of Birth: \_\_\_/\_\_\_/\_\_\_

## **FINANCIAL POLICY:**

*It is the policy of this office that the adult presenting the child for treatment is responsible for payment of the patient portion at the time of service (e.g., deductibles, co-payments, and non-covered services.)*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of parent or legal guardian Date

I have received a Notice of Privacy Practices from D.A.W.M. Initial \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**How did you hear about us:** Radio \_\_\_ Advance \_\_\_ GRPress \_\_\_ InternetWebsite \_\_\_ Family/Friend \_\_\_ Other \_\_\_

## **DO WE HAVE YOUR PERMISSION TO:**

Leave a message on your answering machine at home? \_\_\_ Yes \_\_\_ No  
Discuss your child's medical condition with any member of your household? \_\_\_ Yes \_\_\_ No

If yes, whom: 1) \_\_\_\_\_ Relationship: \_\_\_\_\_

2) \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent/Legal Guardian Date

**Please present insurance card(s) and photo ID to the receptionist so copies may be made.**