

Scarano & Taylor Pediatrics

PATIENT DEMOGRAPHICS

PLEASE COMPLETE ALL INFORMATION

Patient's Full Legal Name _____ Sex _____
Date of Birth _____ Social Security # _____
Address (Where Patient Lives) _____
City _____ State _____ Zip _____ Patient's Phone _____

Father _____	Mother _____
Birthdate _____	Birthdate _____
S.S.# _____	S.S.# _____
Address _____	Address _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Employment _____	Employment _____
Work Phone _____	Work Phone _____
Best Contact Phone - <u>Home/Cell/Work</u> <i>(circle one)</i>	Best Contact Phone - <u>Home/Cell/Work</u> <i>(circle one)</i>

Emergency Contact (Other than Parent) _____
Their Phone _____
Daycare _____ Phone _____

Insurance Company Name _____ Effective Date _____
Policy # _____ Group# _____
Claim Address _____
Policy Holder Name _____ Relationship _____
Policy Holder DOB _____ Policy Holder SS# _____

Names/Birthdates of Other Children that have been seen here:

_____ (DOB) _____	_____ (DOB) _____
_____ (DOB) _____	_____ (DOB) _____

Statement of Insurance Assignment

I authorize the release of any medical of other information necessary to process my claims. I also request payment of government benefits either to myself or to the party who accepts assignment. I authorize payment of medical benefits to Giangreco, Scarano & Taylor, P.A. for any services provided.

Signature of Parent or Legal Guardian

Date

***Parkwood Professional Center
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Bradenton, FL 34207
Telephone 941-755-0800 Fax 941-755-1905
www.gstpediatrics.org***