

**KANSAS CITY PEDIATRICS, LLC  
PATIENT INFORMATION SHEET**

Name of Informant \_\_\_\_\_ Relationship to Patient \_\_\_\_\_ Date \_\_\_\_\_

**PATIENT INFORMATION**

Referred By \_\_\_\_\_

**Patient Name** \_\_\_\_\_ SEX    M / F

\_\_\_\_\_ Last First MI  
Patient's Birth Date \_\_\_\_\_ SS# \_\_\_\_\_

Patient Address \_\_\_\_\_  
\_\_\_\_\_ Street City State Zipcode

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**GUARANTOR INFORMATION**

**Mother's Name** \_\_\_\_\_

\_\_\_\_\_ Last First MI  
Mother's Birth Date \_\_\_\_\_ SS# \_\_\_\_\_ Employer \_\_\_\_\_

Address (if different than patient) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Father's Name** \_\_\_\_\_

\_\_\_\_\_ Last First MI  
Father's Birth Date \_\_\_\_\_ SS# \_\_\_\_\_ Employer \_\_\_\_\_

Address (if different than patient) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**INSURANCE INFORMATION** Do you have medical insurance? Yes / No

**Primary** Insurance Name \_\_\_\_\_  
Policyholder Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_  
ID # \_\_\_\_\_

**Secondary** Insurance Name \_\_\_\_\_  
Policyholder Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_  
ID # \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** In case of emergency, who may be contact (other than parent)?

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**ASSIGNMENT AND RELEASE**

I, the undersigned, have insurance coverage with \_\_\_\_\_ (name of insurance) and assign directly to Kansas City Pediatrics, LLC all medical benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by the insurance company. I authorize the use of the signature below on all my insurance submissions whether manual or electronic. Fees assessed for missed appointments.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

-----For Office Use Only-----

Ongoing Information Verification (Confirms that all of the above information is current)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_