

# WELCOME TO MILL BROOK PEDIATRICS, PC

Please Print Clearly

## PATIENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M / F Nickname/goes by: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Patient's Primary Care Physician: (as listed with insurance company: circle one) Dr. Lauren Geddes / Dr. William Wirth

Name(s) of siblings in this practice: \_\_\_\_\_

## INSURANCE INFORMATION

Primary Insurance Company: \_\_\_\_\_ Copay amount: \_\_\_\_\_

Member ID/Cert #: \_\_\_\_\_ Suffix # \_\_\_\_\_

Policyholders/Subscribers Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Policyholders Address if Different: \_\_\_\_\_

• Does Patient Have Secondary Insurance? Yes / No

• If Yes: Company and ID# \_\_\_\_\_

Person Responsible for Bill: (must be parent/guardian: if 18 or older, or mature/emancipated minor, must be self)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: (if different from above) \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

## CMS requires providers to report both race and ethnicity

**Circle one** - Race: White, Black or African-American, Asian, Japanese, Latino, Multiracial, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, Other, decline to answer

**Circle One** - Ethnicity: Hispanic or Latino, not Hispanic or Latino, Decline to answer

**Circle One** - Primary Language: English French Portuguese Hindi Mandarin Spanish Russian Other

## VFC STATUS Check only one box below:

THIS CHILD IS ELIGIBLE FOR THE FEDERAL VACCINES FOR CHILDREN PROGRAM (VFC) because he/she:

- Is enrolled in Medicaid (includes Mass Health and HMO's etc. if enrolled in Medicaid)
- Does not have health insurance (check this box if enrolled Children's Medical Security Plan)
- Is American Indian (Native American) or Alaska Native

THIS CHILD IS NOT ELIGIBLE FOR THE FEDERAL VACCINES FOR CHILDREN PROGRAM (VFC) because he/she:

- Has health insurance and is not American Indian (Native American) or Alaska Native

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**How did you hear about us?**

- Another patient in our practice
- Website
- Social Media
- OB/GYN
- Other: \_\_\_\_\_

Visit our website:

**MillbrookPediatrics.com**

