

vail | aspen | breckenridge dermatology

MINOR PATIENT REGISTRATION FORM

Minor's Name: _____ Date of Birth: _____

Age: _____ Gender: _____ Preferred Language: _____ Social Security Number: _____

Parent NAME or Legal Guardian (First and Last name): _____

Emergency Contact Information:

_____/_____/_____
Name Relationship to Patient Phone Number

Billing Address: _____ Street/ PO Box _____ City, State, Zip Code
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PHONE # (day): _____ PHONE # (night): _____ May we leave sensitive information about the minor on your answering machine or cell phone? (Circle one): YES / NO May we email personal medical information about the minor to you? (Circle one): YES / NO If yes, list email here: _____
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Insurance Information (If not collected at check in):

_____/_____/_____
Primary Insurance Carrier Name of Insured (Guarantor) Guarantor Date of Birth

PAYMENT POLICY: The adult/guardian who brings in the child will be responsible for all copayments and deductibles. We do not forward bills to other parties regardless of court rulings or divorce decrees.

UNACCOMPANIED CHILDREN: If your child will be coming to the office for regular treatments of her/his dermatological condition(s) unaccompanied, please see the below agreement if you wish your unaccompanied child to be seen.

Initials

I understand that I am responsible for payment of my account at the time of service for deductibles, non-covered services, medically unnecessary services, co-payments and insurance balances, should my primary insurance be with a company with which the physicians are contracted. If my insurance company is not one with which the physician is contracted, I am responsible for the entire amount at the time of service.

For whatever reason, should my account fall into a 45 day (or after the date of service) category, I authorize this office to generate charges to my major credit card for that unpaid balance without further permission or notice. A receipt for charges will be mailed to my address.

VISA MasterCard American Express Discover Other

Name as it appears on credit card: _____ Credit Card #: _____ Expiration(MM/YY)

_____/_____
Parent / Legal Guardian Signature Date of Signature