NEW PATIENT REGISTRATION FORM

Unifour Pediatrics PA www.UnifourPeds.com

Please Print, then sign & mail to: Unifour Pediatrics, Box 1347, Hickory NC 28603 … or FAX to 828-328-1119 … or deliver to the office before seen.

Today's Date: 6/25/2005 Previous PCP (Primary Care Provider) … Pediatrician or Family Physician:

PATIENT INFORMATION

Last name:	First:	Middle:	Sex: ☐ Male ☐ Female	Primary Language: English ☐
Birth date:	Age:			Spanish ☐ Hmong ☐ Other ☐
Street address:		Social Security no.: (optional)		Home phone no.: ( )
P.O. box:	City:		State:	ZIP Code:
Grade Level (or Occupation):	School (or Employer):			School (or Employer) phone no.: ( )

MOTHER/GUARDIAN INFORMATION

Last name:	First:	Middle:		Primary Language(s): English ☐
Birth date:	Age:	Social Security no.: (optional)		Spanish ☐ Hmong ☐ Other ☐
Home Street address: ☐ Same as Child		Cellular Phone: ( )		Home phone no.: ☐ Same as Child ( )
P.O. box:	City:		State:	ZIP Code:
Occupation:	Employer:		Full or Part-time: Full ☐ Part ☐	Work Phone: ( )

FATHER/OTHER GUARDIAN INFORMATION

Last name:	First:	Middle:		Primary Language(s): English ☐
Birth date:	Age:	Social Security no.: (optional)		Spanish ☐ Hmong ☐ Other ☐
Home Street address: ☐ Same as Child		Cellular Phone: ( )		Home phone no.: ☐ Same as Child ( )
P.O. box:	City:		State:	ZIP Code:
Occupation:	Employer:		Full or Part-time: Full ☐ Part ☐	Work Phone: ( )

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to patient:	Home phone no.: ( )	Work phone no.: ( )
Name of local friend or relative (not living at same address):	Relationship to patient:	Home phone no.: ( )	Work phone no.: ( )

REASON FOR CHOOSING UNIFOUR PEDIATRICS

Chose clinic because/referred to clinic by (Please check one box):		☐ Dr.		☐ Insurance plan	☐ Hospital
☐ Family	☐ Friend	☐ Close to home/work	☐ Yellow Pages	☐ Other	
☐ Other family members seen here:					
☐ Previously seen as a patient of Dr. Millsaps at his former practice:					

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INSURANCE INFORMATION

(Please give your Insurance card or Medicaid or Health Choice card to the receptionist … each visit)

Person responsible for the bill:	Birth date:	Address (if different):	Home phone no.:
			( )

Occupation:	Employer:	Employer address:	Employer phone no.:
			( )

Is this patient covered by insurance?	☐ Yes	☐ No			
Please indicate **primary insurance**	☐ BCBS-NC	☐ Cigna	☐ MedCost	☐ UnitedHealthCare	☐ Primary Physician's Care
☐ WellPath	☐ Aetna	☐ Carolina Health Choice *(Please provide Health Choice Card)*	☐ Medicaid (Carolina Access Care) *(Please provide Medicaid Card)*	☐ Other	

Subscriber's name:	Subscriber's S.S. no.:	Birth date:	Group no.:	Policy no.:	Co-payment:
					$

Patient's relationship to subscriber:	☐ Child	☐ Self		☐ Other	

Name of **secondary insurance** (if applicable):	Subscriber's name:	Group no.:	Policy no.:

Patient's relationship to subscriber:	☐ Child	☐ Self		☐ Other	

PURPOSE OF THE FIRST VISIT

Reason for this first scheduled visit:	☐ Routine Check-up/Physical	☐ Camp	☐ Sports	☐ School	☐ Other:
Appointment needed?:	☐ Already have one	☐ Need one – Please call me			☐ Not now

BE SURE TO SIGN HERE

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize Unifour Pediatrics PA and/or my health insurance company to release any information required to process my claims.

_______________________________________ *Patient/Parent/Guardian signature (age-dependent)*

_______________________ *Date*

Other Forms needed: (available as downloads from the web-site www.UnifourPeds.com)

1. Records Release Form (transfer of records) … it would be helpful to have the information prior to being seen … preferably, sent to us one week prior to the appointment.
   ✔ Send the information to us early so that we can have your chart ready.
   ✔ Filling the forms out prior to coming to the office will reduce your waiting time.
   ✔ This will limit the amount of paperwork when you arrive at the office.

Send this form to:
Unifour Pediatrics,
PO Box 1347,
Hickory, NC 28603

-or-

Deliver this form to: Map ... Directions
3411 Graystone Place
(directly across from Catawba Valley Medical Center)

-or-

FAX the forms to: 828-328-1119