

**OSKIE PEDIATRICS
PATIENT INFORMATION SHEET**

DATE _____

PATIENT'S _____ BIRTHDATE _____ Pt cell# _____

NAME _____ BIRTHDATE _____ Pt cell# _____

↓
(List all) _____ BIRTHDATE _____ Pt cell # _____

**ADDRESS
RESIDENCE**

CITY _____ ZIP _____

**ADDRESS
BILLING**

CITY _____ ZIP _____

DO PARENTS LIVE TOGETHER? Y N If no, with whom does child reside? _____

MOTHER'S OR 1ST GUARDIAN'S CONTACT INFO-

NAME _____

CELL NUMBER _____

EMPLOYER _____

WK PHONE NUMBER _____

DRIVER'S LICENSE NUMBER _____

HOME PHONE NUMBER _____

SS# _____

BIRTHDATE _____

FATHER'S OR 2ND GUARDIAN'S CONTACT INFO-

NAME _____

CELL NUMBER _____

EMPLOYER _____

WK PHONE NUMBER _____

DRIVER'S LICENSE NUMBER _____

HOME PHONE NUMBER _____

SS # _____

BIRTHDATE _____

Preferred **MOBILE # APPOINTMENT REMINDERS** _____

Preferred phone # **ROUTINE MESSAGES**(lab results, follow up calls) _____

In case of emergency, who should be notified (**SOMEONE OTHER THAN THE PARENTS**)

NAME _____ PHONE # _____

PRIMARY INSURANCE INFORMATION

EMPLOYER SPONSORED? Y N

INSURANCE COMPANY _____ PHONE # _____

INSURANCE ID # _____ POLICY HOLDER _____

SECONDARY INSURANCE INFORMATION

EMPLOYER SPONSORED? Y N

INSURANCE COMPANY _____ PHONE # _____

INSURANCE ID # _____ POLICY HOLDER _____

How did you learn of our practice? _____

PHYSICIAN LICENSING

NOTICE TO CONSUMERS: Medical doctors are licensed and regulated by the Medical Board of California, 800-633-2322, www.mbc.ca.gov.

PRIVACY STATEMENT ACKNOWLEDGEMENT

I have had the opportunity to review the Oskie Pediatrics Privacy Practices. DATE _____

SIGNED _____ Print Name _____

OSKIE PEDIATRICS

ASSIGNMENT AND RELEASE

I, the undersigned, certify that my dependent(s) has (have) coverage with _____
And assign directly to Dr Osofsky all insurance benefits. I understand that I am financially responsible for all charges whether or not they are paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

I have read the above (initial)_____ DATE_____

OFFICE POLICIES

OFFICE POLICY FOR UNSCHEDULED VISITS. A non- scheduled walk-in visit can be very disruptive to a tightly booked schedule, therefore a walk-in fee of \$15.00 will be charged to your account. This fee is not payable by your insurance so you will be held financially responsible.

FOR CHILDREN 4 YEARS AND OLDER

Complete physical exams for children 4 years and older require lengthy amounts of the Doctor's and Nurse's time. Therefore, if a complete physical exam for a child 4 years OR older is either not canceled more than 24 hours before the appointment time or the child does not show up for the visit, there will be a fee of **\$35.00 charged to your account**. Insurance does not consider this a covered benefit.

PAYMENT

You may receive a monthly statement from our office. The amount showing as due by you reflects the charges to which your insurance company has previously responded. Prompt payments are very important.

*** AUTHORIZATION FOR MEDICAL TREATMENT***

An Authorization for Medical Treatment Form is needed if someone other than a parent or legal guardian is bringing the child to our office. Please request a copy of this form, fill it out and send it with the non-parent.

I have read and understood the office policies: (initial)_____ DATE_____

PRESCRIPTIONS

The Providers at Oskie Pediatrics use an electronic medical record system that allows electronic prescribing of medications. To optimize the use of this electronic capability, and coordinate the care between us and your child's specialists, we ask that parents allow us to access their medication history through Dr. First.

- I consent to allow my provider to access all of my child's medication history.
- I consent to allow my provider to access only my child's medication history for prescriptions from this office.
- I DO NOT consent to my provider accessing any of my child's medication.

INFORMED CONSENT TO ALL OF THE ABOVE:

SIGNED _____

DATE _____

Print Name _____