



37 South 2nd East
Rexburg, ID 83440
(208) 356-0234
www.seasonsmedical.com

PEDIATRICS NEW PATIENT FORM

Welcome to Seasons Pediatrics. As a new patient, please complete the following information to the best of your ability.

MOTHER'S FULL NAME: _____ MAIDEN NAME: _____
BIRTH DATE: _____ SS #: _____ HOME PHONE: _____ MOM'S PHONE: _____
MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHYSICAL ADDRESS (If different than mailing): _____
EMAIL: _____ DAD'S PHONE: _____
FATHER'S FULL NAME: _____ BIRTH DATE: _____ SS #: _____
FATHER'S ADDRESS (If different from above): _____

CHILDREN TO BE SEEN

NAME	BIRTH DATE	SEX	MEDICAID #
_____	/ /	_____	_____
_____	/ /	_____	_____
_____	/ /	_____	_____
_____	/ /	_____	_____

EMERGENCY CONTACT (Not You Or Your Spouse)

NAME: _____ RELATIONSHIP TO PATIENT: _____ PHONE: _____
NAME: _____ RELATIONSHIP TO PATIENT: _____ PHONE: _____

PRIMARY INSURANCE INFORMATION

INSURANCE COMPANY: _____ POLICY #: _____
GROUP #: _____ POLICY HOLDER: _____

INSURANCE AUTHORIZATION AND ASSIGNMENT

I authorize the release of any information necessary to determine liability for payment and to obtain reimbursement on any claim. I assign the benefits payable to which I am entitled, including Medicaid, private insurance and other health plans, to Seasons Medical and authorize the practice to appeal on my behalf any incorrect insurance payment. This assignment will remain in effect until revoked by me in writing. I have also had the opportunity to review the Notice of Privacy Practices available at the clinic's front desk, and on the clinic's website, and been provided an opportunity to ask questions.

SIGNATURE: _____ DATE: _____

NONDISCRIMINATION CIVIL RIGHTS

Seasons Medical complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Spanish: Seasons Medical cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Chinese: Seasons Medical 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。



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CHILDREN TO BE SEEN - Continued

NAME	BIRTH DATE	SEX	MEDICAID #
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____