VILLAGE PEDIATRICS OF CHAPEL HILL, P.A
REGISTRATION FORM

(Please Print)

Today's date:	Parents' Names:

PATIENT INFORMATION

Patient last:	First:	M.I.:	Nickname:	❑ M ❑ F
Street Address:		Phone 1: ( )_____	Phone 2: ( )_____	
City:	State:		Zip Code:	DOB:
Pharmacy: _____	E-Mail:		Language Preference:	
Parent 1 Full Name and DOB:		Parent 1 SS#:	Race:	UNC # :

Parent 2 Full Name and DOB:

INSURANCE INFORMATION

(Please give your insurance card to the receptionist.)

Primary Insurance:	Policy Holder Name:	Policy Holder SS# or Drivers License#:
	Policy Holder DOB:	_____
Secondary Insurance:	Policy Holder Name:	Policy Holder SS#:

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to patient:	Phone 1: ( )	Phone 2: ( )

I certify that all of the above information is correct. I request that payment for services be made to VILLAGE PEDIATRICS OF CHAPEL HILL P. A. I also authorize release of information needed to determine benefits payable for related services to VILLAGE PEDIATRICS OF CHAPEL HILL, P. A and any other physician who is presently or may at times provide treatment for me or my dependent(s).

Patient/Guardian signature *Date:*

My signature below indicates that I have been given the opportunity to read VILLAGE PEDIATRICS OF CHAPEL HILL, P. A 'Notice of Privacy Practices'. My signature means that I agree to allow VILLAGE PEDIATRICS OF CHAPEL HILL, P. A to use & disclose personal health information to carry out treatment, health care operations, and payment.

Due to the Privacy Act please list names of anyone you would like to have access to your medical information. Please understand that without your consent, we will deny any request for information to family members. Only the names listed below will be given any information regarding your medical condition. **If you do not want anyone to have access, please write 'none' below.**

Parent/Guardian Signature: _____

Additional Names: _____ _____

1. We fax Rx to above pharmacy unless otherwise requested. Rev. 2/09
2. This information is required by The NC State Laboratory of Public Health, the NC Immunization Branch, and local hospitals/specialists.