Pediatric Physicians, P.A.

3101 Churchill Drive, Suite # 200
Flower Mound, TX 75022

Information for Medical Record

Doctor: Harpavat Dhoot Philip

Patient's Last Name	Patient's First Name	Patient's Date of Birth	Male/Female
Street Address	City ST	ZIP	Home Phone
Alternate Phone 1 (Cell)	Alternate Phone 2	Alternate Phone 3	
Responsible Party/ Parent	SSN	Date of Birth	Relationship to Patient
Address (if different from Patient)	City ST	ZIP	Home Phone
Other Parent's Name	SSN	Date of Birth	
Address (if different from Patient)	City ST	ZIP	Home Phone
Name of Insurance	Policy Holder's Name	Insured ID No.	Insured Group No.
Sibling Full Name	Date of Birth	Sibling Full Name	Date of Birth
Sibling Full Name	Date of Birth	Sibling Full Name	Date of Birth

Emergency Contact Section

Last Name	First Name	Phone	
Street Address	City	ST	ZIP

OUR FEE POLICY: To help control costs, we ask our patients to remit their copay at the time of service.

ASSIGNMENT OF BENEFITS AND AUTHORIZATION TO RELEASE INFORMATION

ASSIGNMENT of BENEFIT: I hereby assign all medical and/or surgical benefits, to include major medical benefits to which I am entitled, including Medicaid, Private Insurance, and any other Health Plan to Pediatrics Physicians, P.A. This assignment will remain in effect until revoked by me in writing. Photocopy of this assignment is to be considered as valid as an original. I authorize Pediatrics Physicians, P.A. to apply for benefits on my behalf to cover for services rendered by the Doctor, or by the Doctor's order. I also request that payment from my insurance company, Medicaid, and/or any other Health Plan be made directly to the Doctor or the party who accepts assignment.

I understand that I am financially responsible for all charges, whether or not paid by said insurance(s).

RELEASE OF INFORMATION: I hereby authorize said assignee to release all medical information necessary to process this claim and secure payment. I certify that the information I have reported with regard to my insurance is correct.

Printed Name	Signature	Date