



5561 Virginia Parkway ♦ Suite 100 ♦ McKinney, TX ♦ 75071 ♦ Office (214) 544-2555 ♦ Fax (214) 544-2550

**CHILDREN/PATIENT(S) INFORMATION**

Last Name	First Name	Middle	DOB	Preferred Name

**PARENT/GUARDIAN (GUARANTOR) INFORMATION**

**Father's Information (PROVIDE ADDRESS/INFO IF DIFFERENT FROM MOTHER)**

Last Name	First Name	Middle	DOB
Mailing Address		City	State Zip Code
Home Phone	Cell Phone	Work Phone	Email Address

**Mother's Information (PROVIDE ADDRESS/INFO IF DIFFERENT FROM FATHER)**

Last Name	First Name	Middle	DOB
Mailing Address		City	State Zip Code
Home Phone	Cell Phone	Work Phone	Email Address

**Guardian Information (PROVIDE ADDRESS/INFO IF DIFFERENT FROM PARENTS)**

Last Name	First Name	Middle	Relationship to Patient
Mailing Address		City	State Zip Code
Home Phone	Cell Phone	Work Phone	Email Address

**EMERGENCY CONTACT INFORMATION**

Last Name	First Name	Middle	Relationship to Patient
Mailing Address		City	State Zip Code
Home Phone	Cell Phone	Work Phone	Email Address

**SIGNATURE AND ACKNOWLEDGEMENT OF OFFICE POLICIES**

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 Stonebridge Pediatrics and/or insurance company to release any information required to process my claims.

SIGNATURE

DATE

PLEASE PROVIDE OUR STAFF WITH YOUR INSURANCE CARD(S) FOR VERIFICATION PURPOSES.