

# Welcome to Clark & Pettus-Bellamy Pediatrics!

clarkbellamypeds.com

Today's date \_\_\_\_\_

Here to see Dr:

Clark     Bellamy

We strive to make each of your child's visits pleasant and informative.

Mother     Guardian

Name \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Cell # \_\_\_\_\_

Father     Guardian

Name \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Cell # \_\_\_\_\_

## Your Child

Name \_\_\_\_\_

Sex : M F    Birthdate \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip \_\_\_\_\_

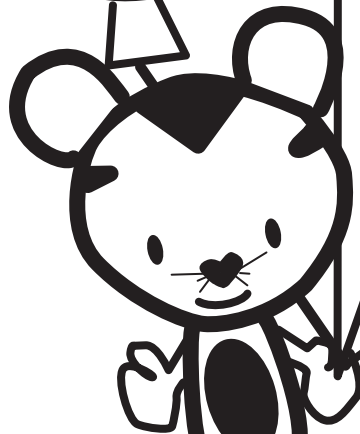
Insured under \_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_



## Primary Insurance

Insured's Name \_\_\_\_\_

Relationship \_\_\_\_\_

Birthdate \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Insurance Company \_\_\_\_\_

Ins. Co. Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Group # \_\_\_\_\_

Policy # \_\_\_\_\_

Copay \_\_\_\_\_

## Secondary Insurance

Insured's Name \_\_\_\_\_

Relationship \_\_\_\_\_

Birthday \_\_\_\_\_

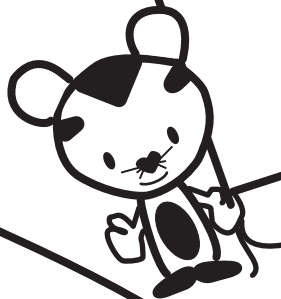
Soc. Sec # \_\_\_\_\_

Insurance company \_\_\_\_\_

Group # \_\_\_\_\_

Policy # \_\_\_\_\_

Copay \_\_\_\_\_



## Authorization and Release

I authorize the doctor to release any information including the diagnosis and the records of any treatment or examination rendered to my child during the period of such care to third party payors and/or other health practitioners. I authorize and request my insurance company to pay directly to the doctor or doctor's group insurance benefits otherwise payable to me. I understand that my insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependents.

\_\_\_\_\_  
Signature of patient or parent if minor

Date \_\_\_\_\_

## Late Charges

If I do not pay the entire new balance within 25 days of the monthly billing date, a late charge of 1.5% on the balance then unpaid and owed will be assessed each month (if allowed by law). I realize that failure to keep this account current may result in you being unable to provide additional services except for emergencies or where there is prepayment for additional services. In the case of default on payment of the account, I agree to pay collection costs and reasonable attorney fees incurred in attempting to collect on this amount or any future outstanding account balances.