

Welcome to Clark & Pettus-Bellamy Pediatrics!

clarkbellamypeds.com

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

Today's date _____

Here to see Dr:

Clark Bellamy

Mother Guardian

Name _____

Home phone _____

Work phone _____

E-mail address _____

Cell # _____

Father Guardian

Name _____

Home phone _____

Work phone _____

E-mail address _____

Cell # _____

Your Child

Child's name _____

Sex _____ Age _____

Birthdate _____

Child's home address _____

City, State, Zip _____

Insured under _____

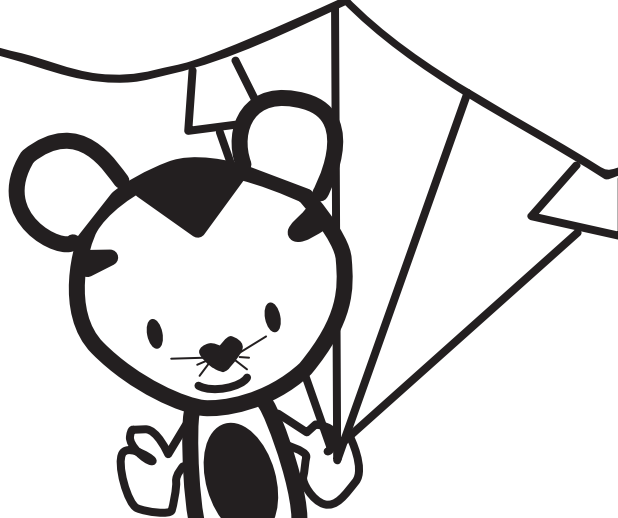
Phone _____

Emergency Contact

Name _____

Relationship _____

Phone _____



Primary Insurance

Insured's Name _____

Relationship _____

Birthdate _____

Soc. Sec. # _____

Employer _____

Date Employed _____

Occupation _____

Insurance Company _____

Ins. Co. Address _____

City, State, Zip _____

Group # _____

Policy # _____

Copay _____

Secondary Insurance

Insured's Name _____

Relationship _____

Birthday _____

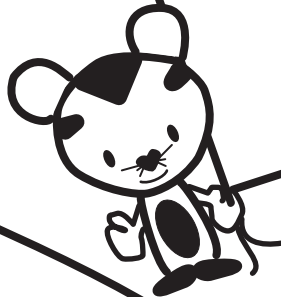
Soc. Sec # _____

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.