

Patient Registration Information

Today's Date ____ / ____ / ____

Last Name _____ First Name _____

Gender: Male or Female Date of Birth: ____ / ____ / ____

Address _____
Street City State Zip

Home Phone # _____ Alternate # _____

Pediatrician: _____ Hospital born in _____

Emergency Contact-
Contact's Name _____ Relation _____ Phone # _____

Mother's Information (or Legal Guardian)

Last Name _____ First Name _____

Address _____
Street City State Zip

Date of Birth : ____ / ____ / ____ Phone # _____ Alternate # _____

Employer: _____ Occupation: _____

Address _____
Street City State Zip

Father's Information (or Legal Guardian)

Last Name _____ First Name _____

Address _____
Street City State Zip

Date of Birth : ____ / ____ / ____ Phone # _____ Alternate # _____

Employer: _____ Occupation: _____

Address _____
Street City State Zip

Primary Insurance Information

Insurance _____ ID # /Group _____ Phone # _____
Subscriber's
Name _____ Relationship to Patient _____

Insurance Address _____
Street City State Zip

Secondary Insurance Information

Insurance _____ ID # /Group _____ Phone # _____

Subscriber's
Name _____ Relationship to Patient _____

Consent for Treatment

I authorize Children's Specialists Medical Group of Sacramento, Inc. (CSMGS) to administer treatment for the care of the patient; be it myself or my dependent.

Release of Medical Records Information

I authorize CSMGS to release any medical information (to include any psychiatric, alcohol or substance abuse or HIV information) necessary to process and secure payments of charges from my insurance carrier or it's intermediaries in behalf of my dependent.

Protected Health Information

Children's Specialist Medical Group of Sacramento, Inc. (CSMGS) may use and disclose my Protected Health Information (PHI) to carry out Treatment, Payment and Healthcare Operations (TPO).

Children's Specialist Medical Group of Sacramento, Inc. may call or mail to my home, or other designated location, and leave an informational message referencing appointments, inquiring as to insurance information, assisting in referrals, accessing information for the purpose of any TPO.

Please refer to CSMGS's Notice of Privacy Practices for an in depth description of this stature. I have the right to review the Notice of Privacy Practices prior to signing this consent. A Notice of Privacy Practices may be obtained by forwarding a written request to:

Children's Specialist Medical Group of Sacramento, Inc, Privacy Officer
5301 F Street, Suite 313
Sacramento, CA 95819

CSMGS, Inc. reserves the right to revise its Notice of Privacy Practices at anytime.

Assignment of Benefits

I authorize my insurance carrier, or it's intermediaries, to make payment directly to CSMGS for medical services rendered. I understand that I am financially responsible for all charges not paid by my insurance carrier.

CSMGS will bill the insurance carrier as a courtesy to help maximize allowable benefits. In order to achieve these goals, we need your assistance and understanding of our financial policy as follows:

1. Your insurance is a contract between you and your insurance company. We encourage you to contact your insurance carrier regarding any issues.
2. Referral and/or authorizations from your pediatrician is likely necessary.
3. Eligibility must be current for the month of the given medical service.
4. Not all services are a covered benefits of your insurance policy. Some insurance companies arbitrarily select services they will not cover, thereby rendering these service charges as the insured's financial responsibility.

If temporary financial problems are affecting timely payment on you account, we ask that you contact us promptly to work out a payment plan that satisfies both parties.

Please call our Patient Accounting Department at (916) 736-6470 with any questions you may have about the above information or any uncertainty regarding your insurance coverage. Please do not hesitate to ask; we are here to help.

I have read, understand & consent to the above on behalf of the patient:

Parent's / Guardian's Signature

Date