LITTLE ELM - FRISCO CHILDREN'S CLINIC
12398 FM 423, Suite 600, Frisco, Texas, 75034 - (214) 494-4622

NEW PATIENT REGISTRATION FORM

(Please Print)

PATIENT INFORMATION

Patient's Last Name:	First:	Middle:	Preferred Name:	Date of Birth: / /
				Gender: Male Female
Street Address			Apt #:	SS No: - -
P.O. Box:	City:		State:	Zip:
Home Phone: ( )				
Mother (Legal Guardian) Name:			Occupation:	
Address (if different from above):				
Cell Phone: ( )	Work Phone: ( )	Email:		
Father (Legal Guardian) Name:			Occupation:	
Address (if different from above):				
Cell Phone: ( )	Work Phone: ( )	Email:		

Referred By: Insurance / Family / Friend — Yellow Pages / Physician / Other:_____

Other family members seen here:

INSURANCE INFORMATION

(Please give the insurance card and driver's license to the receptionist.)

Person responsible for bill:			Home Phone: ( )		
Address (if different):					
Date of Birth: / /	SS No: - -		Occupation:		
Employer:			Employer Phone Number: ( )		
Employer Address:					
Is this patient covered by insurance? ☐Yes ☐No			☐ Primary Insurance		
Subscriber's Name (if different from above):	Subscriber's S.S. Number: - -	Date of Birth: / /	Subscriber ID/Policy #	Group #	Co-Pay: $
Patient's relationship to subscriber:		☐ Self	☐ Spouse	☐ Child	☐ Other
Secondary insurance: ☐Yes ☐No					
Subscriber's Name (if different from above):	Subscriber's S.S. Number: - -	Date of Birth: / /	Subscriber ID/Policy #	Group #	Co-Pay: $
Patient's relationship to subscriber:		☐ Self	☐ Spouse	☐ Child	☐ Other

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to patient:	Home phone number: ( )	Work phone number: ( )

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 Little Elm - Frisco Children's Clinic or insurance company to release any information required to process my claims.

Preferred email address (for our office communications only):

Parent/guardian signature:

Parent/guardian name (print): Date: