Ravalli Family Medicine
Patient Registration/Financial Agreement (Child)

Thank you for taking the time to complete this form. This information is necessary for the preparation of your clinical records. You are responsible for all charges billed. Our credit office personal will be happy to discuss a payment schedule that is most convenient for you.

PLEASE PRINT AND COMPLETE ENTIRE FORM.
WE ARE UNABLE TO BILL INSURANCE WITHOUT BIRTHDATES AND SS#.

Patient information:

Patient Name: _____
First Middle Last

Mailing address: _____ City: _____ Zip_____

Home address: _____ City: _____ Zip _____

Home phone #:_____ ☐ Male ☐ Female Birthdate: _____ SS#: _____

Email address: _____

MOTHER'S NAME: _____

Address: ☐ same as above _____City: _____ Zip: _____
Work phone #: _____ Cell phone #: _____

If you cannot reach me at home it is OK to try me at: ☐ Work ☐ Cell ☐ It is not OK to call other numbers

FATHER'S NAME: _____

Address: ☐ same as above _____City: _____ Zip:_____
Work phone #: _____ Cell phone #: _____

If you cannot reach me at home it is OK to try me at: ☐ Work ☐ Cell ☐ It is not OK to call other numbers

Emergency Contact (other than parents):

Name: _____ Relationship: _____

Address: _____ Phone: _____

Person responsible for account:

Name: _____ Address: _____

Phone #: _____ Birthdate: _____ SS#:_____

Employer name: _____ Phone #: _____

Insurance: Primary Subscribers Information:

Primary insured's name: _____

Birthdate: _____ SS#: _____

WE CANNOT BILL INSURANCE WITHOUT THIS INFORMATION

I authorize the release of any medical information which may be requested to process claims for payment of medical services through my insurance carrier, prepaid medical plan, or government agency. I authorize payments to be made to the clinic or providers.

If no insurance: □ Cash □ Credit/Debit card

I assume liability for all non-covered charges and deductibles. By signing this form I acknowledge that I have received a copy of the Notice of Privacy Practices and payment policy of Ravalli Family Medicine.

Signature of Responsible Person Date Relationship