Family Information

Dr. Anne! Modern Parenting, Classic Healthcare.
www.DrAnneMD.com

About Your Children

First Name	Last Name	MI	Preferred Name	DOB	Legal Sex	Pronouns
				/ /	☐ Male ☐ Female	
				/ /	☐ Male ☐ Female	
				/ /	☐ Male ☐ Female	
				/ /	☐ Male ☐ Female	
				/ /	☐ Male ☐ Female	
				/ /	☐ Male ☐ Female	

About You

Primary Insured Parent or Guardian	Other Parent or Guardian
Last Name	First Name	MI	Last Name	First Name	MI
Marital Status	SSN	DOB / /	Marital Status	SSN	DOB / /
Relationship to Patient			Relationship to Patient		
Employer Name	Occupation		Employer Name	Occupation	
Employer Address			Employer Address		
City	State	ZIP	City	State	ZIP
Work Phone	Extension	Home Phone	Work Phone	Extension	Home Phone
Mobile Phone	Email Address		Mobile Phone	Email Address	
Home Address			Home Address		
City	State	ZIP	City	State	ZIP
Emergency Contact Name			Relationship		Emergency Contact Phone

I **understand that I am financially responsible for all charges not paid by insurance within 60 days.** Medical benefits will be assigned and paid to Dr. Anne Pediatrics, if filed by our office.

Consent for Disclosure of Medical Information

1. I understand that health care services received by me or my family through Dr. Anne Pediatrics may be covered by one or more health insurance policies or other health plans.
2. I understand that in providing or arranging these health care services, Dr. Anne Pediatrics will learn personal medical information about me and my family. This information may be shared with other healthcare professionals as necessary for the care of the patient.
3. I agree on behalf of myself and any minor child named on this form that Dr. Anne Pediatrics may share all medical information with the health plan(s) and that health plan(s) may share all medical information with other persons. However, my agreement is limited to the extent that the sharing of medical information is reasonably necessary for the administration of the health plan(s), including all procedures for quality and cost efficiency.

Signature of Responsible Party_____Date _____