DR. SAROJINI BOSE, M.D.
ASHLEY PEDIATRICS DAY & NIGHT CLINIC

EMR #_____

PATIENT'S REGISTRATION FORM

Patient's Name:_____**DOB:**_____**M**_____**F**_____

Patient's Social Security Number:_____**Age:**_____

Address:_____**City**_____**State:**_____**Zip Code:**_____

Home Phone:_____**Cell Number:**_____**Alt Number:**_____

(*) Required Information:

***Name of Preferred Pharmacy:** _____

***Address:**_____**City:** _____ **State:** _____ ***Phone Number:** _____

***Email Address:** _____

Race:**_____ ***Ethnicity:**_____Preferred Language:**_____

***Are we able to leave a message in regards to patient to the numbers listed above: _____YES _____NO**

(*) Required Information **PARENT'S INFORMATION**

Father's Name**_____DOB:**_____***SSN #**_____

Employer:_____**Work Phone:**_____**Ext #** _____

Mother's Name:**_____DOB:**_____***SSN #**_____

Employer:_____**Work Phone:**_____**Ext #** _____

PLEASE PRESENT YOUR INSURANCE INFORMATION AT THIS TIME

EMERGENCY CONTACT INFORMATION

Name:_____**Relationship to Patient:**_____

Home Phone:_____**Work Phone:**_____**Cell Phone:**_____

Who referred you to our clinic or how did you hear of our clinic?_____

ASSIGNMENT OF BENEFITS

I hereby authorize Ashley Pediatrics Day & Night Clinic to apply for benefits on my behalf for covered services rendered by the physician or the physician's order. I request that payment from my insurance company be made directly to Ashley Pediatrics Day & Night Clinic.

Signature:_____**Relationship to patient:**_____**Date:**_____

FINANCIAL AGREEMENT

I acknowledge that payment is due at the time of treatment. Unless other arrangements are made. I agree that parents/ guardians are responsible for all fees and services rendered for treatment of a minor child. I accept full financial responsibility for all charges not covered by my insurance. I have been provided with a copy of the Privacy Notice and have had an opportunity to object to the disclosures of my health insurance.

Signature:_____**Relationship to patient:**_____**Date:**_____