Hometown Pediatrics

22136 medical village drive • athens, al 35613

Patient Name:	Date of Birth:	☐Male ☐Female
Child's Race: ☐American Indian or Alaska Native ☐ Asian ☐African American ☐White ☐Unknown ☐Patient Declined ☐Other	**Child's Ethnicity:** ☐Hispanic or Latino ☐Not Hispanic or Latino ☐ Patient Declined ☐Unknown	**Patient Adopted or in Custody:** ☐Yes (if yes, please provide legal documentation for patient's chart) ☐No
Insurance: ☐Self-Pay ☐Private ☐Medicaid	**Medicaid/Allkids #:**	**Preferred Provider:**

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Parent/Guardian Information

Parent/Legal Guardian:	Parent/Legal Guardian:
Date of Birth:	Date of Birth:
Address:	Address:
Primary Phone Number:	Primary Phone Number:
Secondary Phone Number:	Secondary Phone Number:
Email Address:	Email Address:

Private Primary Insurance

Plan Name:	Policy ID#:	Group #:
Policy Holder Name:	Date of Birth:	SS#:

Secondary Insurance

Plan Name:	Policy ID#:	Group #:
Policy Holder Name:	Date of Birth:	SS#:

Parent or Legal Guardian (Print) **Signature - Parent or Legal Guardian** **Date**