TLC Pediatrics of Frisco Patient Registration Form

(Please Print)

Today's Date ____/____/____ Doctor _____ Acct No:_____

How were you referred to our office? _____

PATIENT INFORMATION

Legal Name: Last	First	Middle	Birth Date / /	Social Security	Sex ☐ M ☐ F

Street Address	City	State	ZIP Code	Home Phone No. ( )

OTHER CHILDREN INFORMATION

Last Name	First	Middle	Birth Date / /	Sex ☐ M ☐ F
Last Name	First	Middle	Birth Date / /	Sex ☐ M ☐ F
Last Name	First	Middle	Birth Date / /	Sex ☐ M ☐ F

PARENT INFORMATION

Mother's Legal Name:	Birth Date / /	Social Security #	Driver's License #

Mother's Address, if different	Mother's Email Address	Send me the TLC email newsletter ☐ Yes ☐ No

Mother's Employer	Mother's Employer Address

Mother's Work Phone ( )	Mother's Cell Phone ( )	Marital Status ☐ Single ☐ Married ☐ Other

Father's Legal Name:	Birth Date / /	Social Security #	Driver's License #

Father's Address, if different	Father's Email Address	Send me the TLC email newsletter ☐ Yes ☐ No

Father's Employer	Father's Employer Address

Father's Work Phone ( )	Father's Cell Phone ( )	Marital Status ☐ Single ☐ Married ☐ Other

INSURANCE INFORMATION (Please give insurance card and driver license to the receptionist)

Who should be listed as the guarantor (legal guardian) for the account?

Relationship to patient: ☐ Mother ☐ Father ☐ Other, please specify

If other than parent	Birth Date / /	Social Security #	Driver's License #	Marital Status ☐ Single ☐ Married ☐ Other
	Address, City, St, Zip		Home Phone No. ( )	Work Phone ( )

Primary Insurance Company Name	Managed Care Provider Network Name	Plan Type ☐ HMO ☐ POS ☐ PPO	Plan Phone # ( )

Claims Address	Co-Payment $

Group (Employer Name or Self-Insured)	Insurance Group#	Insurance Policy/ID#

Name of Primary Insured Person (If not Parent or Guarantor, please alert receptionist)	Patient's relationship to Insured Person ☐ Child ☐ Self ☐ Other _____

IN CASE OF EMERGENCY

Name of Local Friend or Relative (not living at same address)	Relationship to Patient	Home Phone No. ( )	Work Phone No. ( )