

## Responsible Party/Custodial Parent Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**(Please list both parents if applicable)** Parent/s Preferred Name/s: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Employer: \_\_\_\_\_

Responsible for (list all patient for which you are responsible for):

\_\_\_\_\_  
\_\_\_\_\_

Relationship to patient/patients: *mother father step-mom step-dad other*: \_\_\_\_\_

**Preferred Method of contact:**

Person of contact regarding billing: \_\_\_\_\_ Ph #: \_\_\_\_\_

**Preferred Method of contact for appointment reminders, Please choose only one, phone , text, email:**

Person of contact regarding patient appointments: \_\_\_\_\_

Cell Phone / Text : \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please read carefully:**

- Payment and/or co-pay is due at the time of service. If copay is not paid at the time of service a \$10.00 fee will be assessed to your account.
- There may be a charge of up to \$100.00 for any missed appointments.
- I am responsible for knowing what my insurance does and does not cover. I am responsible for any unpaid balance after 60 days, regardless of insurance status.
- If this account is assigned to an agency for collection, I/we agree to pay all attorney fees, with our without suit, court costs, and a collection fee of up to 40% of balance, which will be added to the outstanding balance of my account.
- A \$25.00 fee will be assessed on all returned checks.
- I authorize care and treatment by Families First Pediatrics and release of all information to insurance and third party carriers and direct them to remit payment directly to Families First Pediatrics.
- Families First Pediatrics will not disclose medical information to anyone other than legal parent/guardian unless written authorization is provided.

**Responsible Party Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Driver's License Number:** \_\_\_\_\_