



# Crazy About Kids Pulmonary Services, LLC

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### Patient information

Name (last, first, middle) \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Primary Care Provider \_\_\_\_\_ Referred \_\_\_\_\_

### Parent/Guardian information

Name (last, first, middle) \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Name (last, first, middle) \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

### Primary Insurance

Name of Insurance Co. \_\_\_\_\_ Name of Insured \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Employer \_\_\_\_\_

Claims mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Secondary Insurance

Name of Insurance Co. \_\_\_\_\_ Name of Insured \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Employer \_\_\_\_\_

Claims mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Emergency contact

Name (last, first, middle) \_\_\_\_\_ Relationship to patient \_\_\_\_\_

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

I authorize payment of benefits to Crazy About Kids Pulmonary Services LLC for professional services rendered. This is a direct assignment of benefits of my rights and benefits under my insurance policy. I authorize the release of all medical information necessary to process my claims. I authorize direct payment of benefits from my insurance company. I understand that I am responsible for any unpaid balance for services received but not covered under my insurance policy. By also signing below, I hereby acknowledge that I have received a Notice of Privacy Policy. A separate release is required for release of copies of records.

May we leave a message on your voicemail at home and cell? YES \_\_\_\_\_ NO \_\_\_\_\_

signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_