

**MILLER CHILDREN'S OUTPATIENT SPECIALTY CENTERS
REGISTRATION AND INSURANCE INFORMATION**



PATIENT INFORMATION

PATIENT NAME (LAST, FIRST, MIDDLE)					AKA -- Also Known As (LAST, FIRST, MIDDLE)				
PATIENT ADDRESS				CITY	STATE	ZIP	HOME PHONE ()		
SEX	BIRTHDATE	AGE	SOCIAL SECURITY NUMBER --- ---	MARITAL STATUS	RELIGION	RACE / ETHNICITY	ALLERGIES / DIABETIC? <input type="checkbox"/> YES <input type="checkbox"/> NO		
REFERRING PHYSICIAN NAME			PHYSICIAN PHONE ()		PHYSICIAN ADDRESS				
NAME OF PEDIATRICIAN			PEDIATRICIAN PHONE ()		PEDIATRICIAN ADDRESS.				
IF YOU HAVE A PRIMARY CARE PHYSICIAN (PCP), PLEASE COMPLETE: PCP NAME:							MEDICAL GROUP/IPA:		PCP PHONE ()

PARENT / GUARDIAN INFORMATION

PARENT / RESPONSIBLE PARTY (LAST, FIRST, MIDDLE)			ADDRESS	CITY	STATE	ZIP	HOME PHONE ()		
OCCUPATION	SOCIAL SECURITY NUMBER --- ---		RELATIONSHIP TO PATIENT			BIRTHDATE	SEX		
2nd PARENT / RESPONSIBLE PARTY (LAST, FIRST, MIDDLE)			ADDRESS	CITY	STATE	ZIP	HOME PHONE ()		

PRIMARY INSURANCE INFORMATION

PRIMARY INSURANCE				IPA / MEDICAL GROUP					
INSURANCE PHONE ()		INSURANCE FAX ()		IPA PHONE ()			IPA FAX ()		
CLAIMS MAILING ADDRESS				CITY	STATE	ZIP			
NAME OF INSURED (SUBSCRIBER)			RELATIONSHIP TO PATIENT	CERT. NO OR SS#			GROUP/POLICY #		
INSURED'S EMPLOYER		ADDRESS	CITY	STATE	ZIP	PHONE ()			

SECONDARY INSURANCE INFORMATION

SECONDARY INSURANCE				IPA / MEDICAL GROUP					
INSURANCE PHONE ()		INSURANCE FAX ()		IPA PHONE ()			IPA FAX ()		
CLAIMS MAILING ADDRESS				CITY	STATE	ZIP			
NAME OF INSURED (SUBSCRIBER)			RELATIONSHIP TO PATIENT	CERT. NO OR SS#			GROUP/POLICY #		
INSURED'S EMPLOYER		ADDRESS	CITY	STATE	ZIP	PHONE NO. ()			

EMERGENCY CONTACT -- (OTHER THAN PARENT)

FULL NAME			RELATIONSHIP TO PATIENT	DAY PHONE ()		HOME PHONE ()		
ADDRESS				CITY	STATE	ZIP CODE		

2nd EMERGENCY CONTACT

FULL NAME			RELATIONSHIP TO PATIENT	DAY PHONE ()		HOME PHONE ()		
ADDRESS				CITY	STATE	ZIP CODE		

NAME Of Person Completing This Form _____ SIGNATURE _____ Date _____

ALL INSURANCE IDENTIFICATION CARDS WILL BE REQUIRED UPON REGISTRATION

2801 Atlantic Avenue-P.O. BOX 1428 Long Beach, Ca 90801-1428

6/19/2009