PATIENT'S NAME _____ GENDER _____ DATE OF BIRTH _____

PATIENT LIVES WITH _____ PATIENTS'S CELL: _____

SIBLING'S NAME(S) AND DATE(S) OF BIRTH _____

□ **FATHER** □ **MOTHER** □ **GUARDIAN** **HOME PHONE:**

NAME: **CELL PHONE:**

ADDRESS: **DATE OF BIRTH:**

CITY/ZIP: **EMAIL:**

□ **FATHER** □ **MOTHER** □ **GUARDIAN** **HOME PHONE:**

NAME: **CELL PHONE:**

ADDRESS: **DATE OF BIRTH:**

CITY/ZIP: **EMAIL:**

FATHER'S EMPLOYER: WORK PHONE:

MOTHER'S EMPLOYER: WORK PHONE:

Emergency Contact (other than parents) _____ Phone: _____

Preferred Pharmacy _____ Phone: _____

PRIMARY: Insurance Company _____ Effective Date _____ Copay _____

Insured Parent's Name _____ ID # _____

Group # _____ Claims Address _____

SECONDARY: Insurance Company _____ Effective Date _____ Copay _____

Insured Parent's Name _____ ID # _____

Group # _____ Claims Address _____

***By my signature below I acknowledge that I have received the WPHC Notice of Privacy Practices that describes how my health information may be used and disclosed and how I can access my information.**

***A no-show fee of $25 will be added to any no show appointment and/or appointments that are not canceled more than 24 hours before the appointment time.**

Please note: In order to control the costs of billing we request that office visits be paid at the time of service unless appropriate insurance information is provided. A finance charge of 1.0% will be added to your account on a monthly basis if your balance is 60 days or older. A minimum finance charge will be $.50 per month on any account older than 60 days. Total annual finance percentage will equal 12% on any account balance that is older than 60 days. (RCW 19.52)

I hereby certify that all of the above information is true. I agree to have medical information released for billing purposes to my insurance carrier and to billing personnel. I agree to pay for any charges not payable by my insurance plan. I furthermore, have read the above and understand that I am responsible for all medical and financial charges.

Signed: _____ Date: _____