

Tenafly Pediatrics, P.A.

32 Franklin Street Tenafly, NJ 07670 201/569-2400
301 Bridge Plaza North Fort Lee, NJ 07024 201/592-8787

1135 Broad Street Clifton, NJ 07013 973/471-8600
26 Park Place Paramus, NJ 07652 201/262-1140

Name: _____ Acct #: _____ Date: _____

How did you hear about our practice? _____

PARENT INFORMATION

MOTHER

Name: _____ Social Security #: _____ - _____ - _____ Date of Birth: _____

Address: _____

Phone: _____ Cell Phone: _____ Pager: _____

Occupation: _____ E-Mail Address: _____

Employer: _____ Employer Telephone: _____

Insurance Carrier: _____ ID #: _____ Group #: _____

Is your insurance primary or secondary for your children? _____

FATHER

Name: _____ Social Security #: _____ - _____ - _____ Date of Birth: _____

Address: _____

Phone: _____ Cell Phone: _____ Pager: _____

Occupation: _____ E-Mail Address: _____

Employer: _____ Employer Telephone: _____

Insurance Carrier: _____ ID #: _____ Group #: _____

Is your insurance primary or secondary for your children? _____

CHILDREN

Name (full name including middle initial)	Date of Birth	Account # (office use)
1)		
2)		
3)		
4)		
5)		
6)		

Financial Agreement

We will bill your insurance if we participate in your plan. If your insurance does not cover a service you will be responsible for the charge. Delinquent accounts will be submitted to a collection agency-any collection fees will be the parent or guardian's responsibility. If we do not participate in your insurance or you do not have insurance you must pay for your visit in advance. We must charge \$20.00 for any returned check. We accept all major credit cards, checks and cash.

Signature of Guardian

Date