

# *Pediatric Specialists of Marion County, PLLC*

325 South Cedar Avenue, Suite 1 • South Pittsburg, TN 37380  
Phone (423) 228-4159 • Fax (423) 228-4146

## REGISTRATION INFORMATION

### Patient's Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Gender: M / F  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Race: Black / White / Other \_\_\_\_\_ English primary language: Y / N / Other \_\_\_\_\_ Is Patient Hispanic: Y / N

### Mother's Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Mailing Address (if different from Patient address): \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Father's Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Mailing Address (if different from Patient address): \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Person Responsible for Payment (Guarantor):

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Mailing Address (if different from above): \_\_\_\_\_

### Emergency Contact (Person not living with patient):

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

**ALL APPLICABLE INSURANCE CARDS MUST BE PROVIDED TO STAFF**  
**PLEASE READ AND SIGN ON BACK**

## OFFICE POLICIES

- All patients need an appointment to be seen. Patients arriving without an appointment may not be able to be seen.
- Patients who miss more than two appointments without providing notice to the office will be dismissed from the practice.
- Patients who arrive late for an appointment may be asked to reschedule.

## FINANCIAL POLICIES

- Patients without insurance benefits must pay in full at the time of service.
- Copay is due at the time of service. No exceptions. VISA, MC, check, or cash accepted.
- As a courtesy, insurance will be billed within three business days of the appointment date.
- Charges not covered by insurance are the responsibility of the guarantor (parent or insurance subscriber).
- Guarantor is responsible for knowing the limitations and coverage of his/her insurance policy.
- Guarantor is responsible for any charges arising from failure to inform the office staff of changes in address or insurance coverage.
- Patients may be accompanied by various caregivers for appointments, but guarantor remains responsible for payment of account.
- Once insurance payments for a particular service are complete, a statement will be sent to the guarantor for the remainder of charges (balance). A payment plan may be arranged through the office.
- If no payment is made toward the balance within 30 days, a statement will be sent to the guarantor as a reminder that payment is due and as a warning that services may be discontinued if no payment is made. Payment plans may still be arranged through the office.
- If no payment is made toward the balance after 60 days or if a guarantor defaults on a payment plan, the balance must be paid in full before the patient receives further services in the office.
- A fee will be assessed on all returned checks. Cash payment of the sum of the returned check plus the fee must be paid before further services are offered.
- Record transfer fees must be paid before any medical records are sent to other providers. Vaccine records will be sent to other providers free of charge.

By signing below, I agree that I have read and understand the above office and financial policies. I also authorize Pediatric Specialists of Marion County to provide medical care for my child.

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*Signature*

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*Date*