



Triangle Pediatrics

"Making good kids better"

101 SW Cary Parkway, Suite 270 Cary, NC 27511

Phone 919-467-5543 Fax 919-469-2391

www.tripedds.com

Today's Date: _____

Demographics

Father's Name _____ Date of Birth _____

Address _____ (First) _____ (Last) _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Employer's Name _____ Marital Status M S D W

Mother's Name _____ Date of Birth _____

Address _____ (First) _____ (Last) _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Employer's Name _____ Marital Status M S D W

County children live in:

Referred By

Friend Family Member Phone Book Website Doctor Office Baby Fair Insurance Other

Insurance Information

Insurance Company Name _____ Effective Date _____

ID/Policy # _____ Group # _____

Policy Holder Name _____
(This is the name of the person that provides or applies for insurance for the patient)

Social Security # _____ (Mom) _____ (Dad) _____ (SS # is required to file insurance)

Emergency Contact

(Please provide us the name of someone other than parent or guardian in the event we are unable to contact you)

Name _____ Relationship _____ Contact # _____

List of Children

(Please list all children in the family even if the child is not being seen today)

_____ (First) (Last) (DOB)	_____ (First) (Last) (DOB)	_____ (First) (Last) (DOB)
_____ (First) (Last) (DOB)	_____ (First) (Last) (DOB)	_____ (First) (Last) (DOB)

Office Use Only

Demographic Form Updated

_____ Date / Initial	_____ Date / Initial	_____ Date / Initial	_____ Date / Initial	_____ Date / Initial
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Chart#

TRIANGLE PEDIATRIC CENTER, P.A.

FINANCIAL POLICY

We accept assignment on many insurance companies upon verification of benefits. If we are unable to verify coverage at the time of your visit, we request that you pay your bill in full. We accept cash, check, Visa and MasterCard.

YOUR INSURANCE IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE CARRIER. We are happy to assist you in any way to assure that you receive your benefits, but you are ultimately responsible for timely payment of your bill. If no payment has been received from your insurance company after 60 days, you will be billed for the remaining balance. If any check you issue to Triangle Pediatric Center, P.A. is returned for non-sufficient funds, you agree that your account will be debited electronically for both the face amount of the check and for returned check fees allowed under applicable law.

Uninsured patients or those filing their own insurance are expected to pay at the time care is provided. Again we accept cash, check, Visa and MasterCard. We do not wish to deny care to patients who are truly unable to pay. If you are having difficulty paying for your medical care, you must see our Office Manager before being seen by your medical provider.

Thank you for understanding the Financial Policy of Triangle Pediatrics Center, P.A.

Signature

Date