

Patient Information Sheet

Date: _____ Reason for Visit: _____

Child Information

Last Name: _____ First Name: _____ MI _____

DOB: _____ M ___/F _____ Race: _____

Primary Pharmacy _____

Primary Doctor: _____ Phone# _____

Child's Parent/Guardian

Last Name _____ First Name _____ DOB: _____

Home Address/zip code: _____

Home Phone _____ Cell Phone: _____

Employer/School _____ Email _____

Child's Parent/Guardian

Last Name _____ First Name _____ DOB _____

Home Address: _____

Home Phone _____ Cell Phone: _____

Employer/School _____ Email: _____

Total Access Pediatric Urgent Care LLC files primary insurance only for services provided to patients with managed care organizations in which we participate. Co-payments, co-insurance, non-covered services, and deductibles are the responsibility of the patient/guarantor and payable at the time of service. I authorize payment of all benefits to TAPUC. Managed care patients are billed for any remaining patient responsibility after claims have been processed by the insurance company. Proof of insurance is not a guarantee of payment. Patients without insurance or covered under an insurance plan that is "Out of Network", are financially responsible for all charges at the time of service or thereafter. I know I must pay for any charges for my care that are not covered by my insurance, health plan or government programs. If payment for a service performed is erroneously denied by the insurance carrier, it is the patient's responsibility to pursue action with their insurance carrier, as the policy is a legal contract between the two. It is also the responsibility of the patient to be aware of plan benefits and your right to appeal claims. Insurance contracts are subject to change. Provider directories produced by Managed Care plans may not provide the most current information regarding plan participation and therefore are not a guarantee of coverage.

By signing below, I accept the financial terms noted above and understand that I am financially responsible for all professional charges that I or my children may incur. I certify that the information contained in this form is true and correct. Furthermore, I understand it is my responsibility to present TAPUC with valid insurance, photo ID and demographic information at each visit.

Signature of Parent/Legal Guardian: _____ Date: _____