

Patient Profile 18 Years & Older

Please review and make any necessary changes to the information on this profile form

Patient Information:

Patient's Name: _____ ID #: _____ Sex: []M []F DOB: _____ SSN# _____ Race: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone # _____ []Home []Work []Cell Ethnicity: _____
Email Address: _____ Employer: _____

Text Message of Email for appointment Reminders? Text (cell phone) _____ or Email: _____

Parent/Guardian Contact Information:

Name: _____ Phone # _____
Address: _____ DOB: _____
City/State/Zip: _____ Social Security # _____

Primary Insurance Information:

Insured Party: _____
Insured Phone: _____
Insured Social Security #: _____
Insured Date of Birth: _____
Patient Relationship to Insurance Holder: _____

Insurance Holder

Company: _____
Insured ID: _____
Policy Group: _____
Copay/Coinsurance _____

Other Contacts:

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

Preferred Pharmacy: _____ Address: _____ Phone #: _____

- * Insurance coverage is a contract between you and your insurance company. It is your responsibility to know what your plan does and does not cover.
- * We will file insurance claims for you, but you are responsible for amounts not paid by insurance. I also understand that all co-payments, deductibles and co-insurances are due at the time of service.
- * I authorize payment of medical benefits to be made directly to Pediatric & Adolescent Associates, PSC for services performed. I further agree to be fully responsible for all lawful debts incurred for services provided.
- * We will only file secondary insurance for those who have Medicaid, WellCare or Coventry Cares of Kentucky as their secondary insurance. You are responsible for filing all other secondary insurance.
- * I consent to be contacted by regular mail, email or by telephone (including a cell phone number) regarding any matter related to my account with Pediatric & Adolescent Associates, PSC.

Signature of Patient

Date