



Patient Registration & Consent

Today's date: ___/___/_____ Which location do you prefer? Bee Cave Dripping Springs

How did you hear about Beansprout? Google Yelp Ad Friend/neighbor?: _____

PATIENT(S)

_____	_____	_____	M F	___/___/___
first	middle	last		date of birth
_____	_____	_____	M F	___/___/___
first	middle	last		date of birth
_____	_____	_____	+ M F	___/___/___
first	middle	last		date of birth

*child(ren) live with: mom dad both other: _____

preferred pharmacy: _____ location: _____

MOM/GUARDIAN

_____	_____	_____	___/___/___
first	middle	last	date of birth
_____		_____	_____
address		city	state zip
_____	_____	_____	_____
email		cell phone #	home phone #

DAD/GUARDIAN

_____	_____	_____	___/___/___
first	middle	last	date of birth
_____		_____	_____
address		city	state zip
_____	_____	_____	_____
email		cell phone #	home phone #

INSURANCE

_____	_____	_____	_____
insurance company	member ID #	group#	co-pay \$
lpn type: HMO PPO EPO POS HDHP primary care provider selected: _____			
guarantor? mom dad other: _____		date of birth ___/___/___	

CONSENT

I have read and understand the Financial Policy & Practice Policies set by Beansprout Pediatrics and agree to the policies and terms. By signing this document, I acknowledge that I have been given the opportunity to read the Notice of Privacy Practices of Beansprout Pediatrics, Private insurance authorization for assignment of benefits and information release. I, the undersigned, authorize payment of medical benefits to Beansprout Pediatrics for any services furnished to my child by the provider, I understand that I am financially responsible for any amount not covered by my insurance policy. I also authorize Beansprout Pediatrics to release to my insurance company, referring physician, or any other consultants on my case, information concerning health care, advice, treatment, or supplies provided to me. This information will be used for the purpose of evaluating and administering claims benefits.

_____	_____	___/___/___
mother/guardian printed name	mother's signature	date

_____	_____	___/___/___
father/guardian printed name	father's signature	date