Children's Intensive Caring –
We are glad you are here, please update your account information.

Parent/Guardian Name:	Parent/Guardian Name:
Relationship to patient(s):	Relationship to patient(s):
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Opt In for Text Message Reminders/Updates: YES NO	Opt In for Text Message Reminders/Updates: YES NO
DOB: SS#:	DOB: SS#:
Email:	Email:
Employer:	Employer:
Work Phone:	Work Phone:
Primary Insurance	Secondary Insurance
Company:	Company:
Guarantor Name:	Guarantor Name:
ID#:	ID#:
Group:	Group:
Insurance Address:	Insurance Address:
Phone #:	Phone #:
Copay: $	Copay: $
Employer Name:	Employer Name:
Does your insurance cover all vaccines?	Are you eligible for Medicaid?
If the answer is NO, what vaccines are not covered?	If the answer is YES, list social security numbers for each eligible child:

Child(ren):	**Date of Birth:**	**Gender:**
		M | F
		M | F
		M | F
		M | F
		M | F

CONSENT FOR TREATMENT: I hereby authorize treatment of my child/children listed above by the physician and staff of Children's Intensive Caring (CIC). I authorize CIC and Michael D. Pappas, MD, to submit any and all healthcare information to any health insurance program for their review and payment in the event the practice is submitting my child's insurance claim.

Payment should be directed to the practice even when accepting assignment. Balances to the parents could include amounts applied to the annual deductible, co-payment amounts, and charges denied as not covered by the insurance program or considered medically unnecessary. Also, fees related to no-show appointments and returned checks may also be included.

I acknowledge that without showing of a court order or a divorce decree to the contrary, CIC and Michael D. Pappas, MD, hold the party accompanying the child for treatment as responsible for payment.

NOTICE OF PRIVACY PRACTICES:
I acknowledge receipt of the Children's Intensive Caring Notice of Privacy Practices.

_____ _____
Parent/Legal Guardian Signature Date

PLEASE PRESENT INSURANCE CARDS AND DRIVER'S LICENSE
TO COMPLETE YOUR ACCOUNT UPDATE. THANK YOU.