176 N. Village Ave., Suite 1D
Rockville Centre, NY 11570
(516) 766-4094 (p)
(516) 766-4092 (f)
www.abcpeds.com
reception@abcpeds.com

Patient Information

Patient's First Name: _____ Sex: M / F
Last Name: _____ Date of Birth: _____
Address: _____ Apt. _____ Primary Phone: (____)_____
City: _____ State: _____ Zip Code: _____ SS# _____
Ethnicity: □ Hispanic □ Non-Hispanic Primary Language: _____
Race: _____ Religion: _____
Name/Location of Pharmacy: _____

Family Information

Mother
First Name: _____Last Name: _____ Maiden Name: _____
Date of Birth: _____
Occupation: _____ SSN #: _____
Work Phone: _____ Cell Phone: _____ Email: _____

Father
First Name: _____ Last Name: _____
Date of Birth: _____
Occupation: _____ SSN #: _____
Work Phone: _____ Cell Phone: _____ Email: _____

In Case of Emergency, Notify (other than parent):
Name: _____ Home/Cell Phone: _____ Relationship: _____
Name: _____ Home/Cell Phone: _____ Relationship: _____

Who can bring your child to our office if you are unable?
Name: _____ Home/Cell Phone: _____ Relationship: _____
Name: _____ Home/Cell Phone: _____ Relationship: _____

Household Members:
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

Insurance Information

Name of Insurance: _____ Insurance ID: _____
Responsible Party: _____

I acknowledge by my initials receipt of the following:

____ Privacy Notice Acknowledgement (HIPPA)
____ Authorization to Release Records
____ Assignment of Benefit Proceeds
____ ABC Pediatrics, PC Financial Responsibility Statement

Name: _____ Signature: _____
Relationship to Patient: _____ Date: _____

Dr. Clara E. Mayoral, MD, FAAP
Dr. Leilani Balagot, MD, FAAP