## **Middleboro Pediatrics**

2 Lakeville Business Park Lakeville, MA 02347 (508)947-0630

Date:
Your child's new pediatrician:
Please check one
Dr. Martin Gross:
Dr. Hilary Welland:
Dr. Aaron Bornstein:
Dr. Carolina Ganud:

### This form must be completed fully and accurately for each patient.

Patient Name:	Sex: Q N	1 Q F
Patient's Address:	Date of Birth:	
Patient's Telephone Number:		
Names of other children in family:		
Previous Physician (if applicable):		
Referring Physician (if applicable):		
Mother's Name:	Date of Birth:	
Mother's Address:	Marital Status:	
	Telephone #:	
Mother's Employer:	Telephone #:	
Father's Name:	Date of Birth:	
Father's Address:		
	Telephone #:	
Father's Employer:		
Primary Insurance Company:	Policy #:	
Subscriber's Name:		
Policy Group Number:		
Secondary Insurance Company:		
Subscriber's Name:		
Policy Group Number:		

#### **PAYMENT POLICY**

DATIENT'S NAME.

# \*\*\*PAYMENT IS DUE AT THE TIME OF SERVICE\*\*\* We accept cash/checks/MasterCard/VISA

#### ASSIGNMENT OF BENEFITS & RELEASE OF INFORMATION

I hereby authorize direct payment of my surgical/medical benefits to Middleboro Pediatrics, P.C. or to the physicians employed by Middleboro Pediatrics, P.C. for services rendered by them in person or under their supervision. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ANY BALANCE NOT COVERED BY MY INSURANCE AS STATED IN THE FINANCIAL POLICY.

I hereby authorize Middleboro Pediatrics, P.C. to release any medical or incidental information that may be necessary for either medical care or in processing applications for medical benefits. A photocopy of these assignments shall be valid as the original.

IAIIL	INTO NAME.		
PARENT/GUARDIAN'S NAME:			
PARENT/GUARDIAN'S SIGNATURE:			
DATE	<u> </u>		
How	did you learn about Middleboro Pediatrics?		
G	Brochure		
G	Internet Search		
G	Middleboro Pediatrics Web Site		
G	Physician recommendation		
G	Recommendation from a current patient or parent		
G	Welcome Wagon		
G	Other:		