

A Bright Future Pediatrics

2100 Hedcoxe Road Suite 190 Plano, TX 75025 (972)-208-8668 Fax (972)-208-3186

2018 Patient(s) Update Information Form

Today's Date: _____

1. Patient Name: _____ Date of Birth: _____ Gender: _____
2. Patient Name: _____ Date of Birth: _____ Gender: _____
3. Patient Name: _____ Date of Birth: _____ Gender: _____
4. Patient Name: _____ Date of Birth: _____ Gender: _____
5. Patient Name: _____ Date of Birth: _____ Gender: _____
6. Patient Name: _____ Date of Birth: _____ Gender: _____

Physical Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Primary Home Phone: _____ Primary Cell Phone: _____

Preferred Pharmacy: _____ Phone: _____
Address: _____

How would you like us to contact you for:

Medical Issues – Primary Phone Number to Call (Choose One Only)

- Home Phone: _____
- Cell Phone: _____

Appointment Reminders to Confirm Your Scheduled Appointment (Choose One Only)

- Home Phone: _____
- Cell Phone: _____
- Text to Cell: _____
- Primary E-mail: _____

Recall to Remind to Schedule Appointment (Choose One Only)

- Home Phone: _____
- Cell Phone: _____
- Text to Cell: _____
- Primary E-mail: _____

General Notices (Choose One Only)

- Home Phone: _____
- Cell Phone: _____
- Text to Cell: _____
- Primary E-mail: _____

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GIVE BOTH PARENTS INFORMATION

Parent Name: _____ Parent Name: _____
Relationship to child: _____ Relationship to child: _____
Social Security Number: _____ Social Security Number: _____
Date of Birth: _____ Date of Birth: _____
Employer: _____ Employer: _____
Occupation: _____ Occupation: _____
Cell Phone: _____ Cell Phone: _____
Work Phone: _____ Work Phone: _____
Alternative E-mail Address: _____

1. **HIPAA (Health Insurance Portability and Accountability Act)** I hereby acknowledge that I have been presented with a copy of A Bright Future Pediatrics (ABFP) Notice of Privacy. I understand that I may request in writing that you restrict how my privacy information is used or disclosed to carry out treatment, payment, or health care operations. I also understand you are not required to agree to (ABFP) requested restrictions, but if parents agree, then parent is bound to abide by such restrictions.

Parent/ Guardian Initials _____

2. **A Bright Future Pediatrics Financial Obligation Policy:** I have read, understand, and will comply with the Financial Obligation Policy. I understand that I am responsible for the charges accrued by my child/children regardless of insurance benefits. If in using the information I have provided today or on previous occasions, A Bright Future Pediatrics is unable to collect from my child's insurance company, I accept full responsibility for the payment of child's bills.

Parent/ Guardian Initials _____

3. **Appointment Policy/ Office Policies:** I hereby acknowledge that I have been presented with a copy of A Bright Future Pediatrics Office/Appointment policies handout and understand my responsibilities. I have read and understand them.

Parent/ Guardian Initials _____

4. **Patient Guidelines and Consent for Use of Patient Portal and E-mail Communications** I hereby acknowledge that I have been presented with a copy of A Bright Future Pediatrics Patient Portal and E-mail Communications policy and understand my responsibilities.

Parent/ Guardian Initials _____

Has your insurance information changed within the last six months? Please circle one.

* **YES** **NO**

*If yes, Please provide your new insurance information to the front desk personnel.

The office policies and protocols will be updated periodically as the practice grows, and changes will be made accordingly.

I acknowledge that I have read this document in its entirety and fully understand it and will comply with all of A Bright Future Pediatrics policies and protocols. I also acknowledge I have been given copies of all the policies mentioned above, or declined to receive copies, and I was given the opportunity to ask any questions.

Signature of Parent/Legal Guardian

Printed Name of Parent/Legal Guardian

Date