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Bessemer, AL 35022
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Fax: 205-263-9509



200 Riverhills Business Park
Suite 250
Birmingham, AL 35242
Ph: 205-995-0899
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Growing Up PEDIATRICS, P.C.

Patient Name _____ Male _____ Female _____ DOB _____ Grade _____

Address _____ City _____ State _____ Zip _____

County _____ Phone _____ SS # _____ Preferred language _____

Sibling _____ DOB _____ Sibling _____ DOB _____

Select one or more races: _____ American Indian or Alaska Native _____ Asian
_____ Black or African American _____ White

Ethnicity: _____ Hispanic/Latino _____ Not Hispanic/Latino

PARENT INFORMATION: Marital Status: Married _____ Single _____ Widowed _____ Divorced _____

Father's Name _____ DOB _____ Mother's Name _____ DOB _____

SS# _____ Email _____ SS# _____ Email _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Home Phone _____ Work Phone _____

Cell Phone _____ DL# _____ Cell Phone _____ DL# _____

Employer _____ Employer _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Primary Insurance _____ Policy Holder _____

Policy # _____ Group # _____

Secondary Insurance _____ Policy Holder _____

Policy # _____ Group # _____

Emergency Contact _____ Phone Number _____

Referred by _____ Previous Doctor _____

CHILD'S BIRTH HISTORY

Term _____ Premature _____ Delivered by _____

Hospital _____ Birth weight _____

Other information _____

Allergies _____ Medications _____

Medical problems _____

All charges are due at the time of service. If you are insured, we will bill the insurer for you. All co-payments, deductibles or other balances must be paid at the time of service. If this account is assigned to a collection agency or to an attorney for collection and/or suit, you will be responsible for all attorney's fees and costs of collection. You further agree to waive all rights of exemption as to personal property granted under the Constitution of the United States and the laws of the State of Alabama. To the extent necessary to determine liability for, and obtain payment, I authorize disclosure of portions of the patient's record. I hereby assign all medical benefits to which I am entitled to Growing Up Pediatrics, P.C. (GUP). This assignment will remain in effect whether or not paid by insurance. I hereby authorize said assignee to release all information necessary to secure payment. I, the undersigned, parent (or guardian) of the above child(ren) authorize any GUP provider (physician, CRNP, PA) to give any treatment or immunization to my child when brought in by myself or another responsible party, or if a teenager, when alone.

Signed _____ Relationship _____ Date _____