

Liberty Sharonville Pediatrics Patient Registration



Date: _____

Primary Provider: Dr. Fernandez, Dr. Peck, Dr. Phillips *(please circle one)*

Primary Office Location: Liberty Twp., Sharonville *(please circle one)*

Referred By: _____

Children's Names:	Gender:	DOB:	SSN:

Race: _____ Ethnicity: _____

Preferred Language: _____ Religion: _____

Parent 1:
 Name: _____ DOB: _____ SSN: _____
 Relation to patient: _____
 Address: _____ City, State, Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Email: _____ Employer: _____

Parent 2:
 Name: _____ DOB: _____ SSN: _____
 Relation to patient: _____
 Address: _____ City, State, Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Email: _____ Employer: _____

Other Contacts (including step-parents, legal guardians and any emergency contacts):

Name: _____ **Relation to patient:** _____
Cell Phone: _____ **Home Phone:** _____

Name: _____ **Relation to patient:** _____
Cell Phone: _____ **Home Phone:** _____

Insurance Information:

Primary Insurance: _____ Plan phone number: _____

Claim mailing Address: _____

Subscriber (Insured Party): _____ Relation to patient: _____

SSN: _____ DOB: _____ Employer: _____

Policy number: _____ Group number: _____

Effective date: _____

Secondary Insurance: _____ Plan phone number: _____

Claim mailing Address: _____

Subscriber (Insured Party): _____ Relation to patient: _____

SSN: _____ DOB: _____ Employer: _____

Policy number: _____ Group number: _____

Effective date: _____

Preferred Pharmacy:

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

Authorization to Pay Physician Direct:

I authorize Liberty Sharonville Pediatrics to release any information acquired during this visit and to allow payment to be made directly to Liberty Sharonville Pediatrics for services provided. I understand that I am responsible for any remaining balance after insurance and other benefits are applied.

Signed: _____ **Date:** _____

Liberty Sharonville Pediatrics
11258 Lebanon Road, Cincinnati, OH 45241
7097 Liberty Center Drive, Liberty Two., OH 45069
(P): 513-563-0044 (F): 513-563-0061
www.LSPediatrics.com