Aquarius Pediatrics
Growing Happy Families

11515 Toepperwein Road, Suite 203
San Antonio, Texas 78233

Phone: 210-560-4500
Fax: 210-504-2388

www.aquariuspediatrics.com

Patient Registration Form

Patient(s) name & DOB: _____

Race: _____ Nick name:_____ Age(s) _____

Best phone number: _____

Mother's name & DOB: _____
Contact number & email: _____
Address: _____
Occupation & employer: _____

Father's name & DOB: _____
Contact number & email: _____
Address: _____
Occupation & employer: _____

Parents are? Circle one: Married Divorce Separated Other: _____

Patient resides primarily with, circle one: Both parents Mother Father
Other: _____ Legal guardian: _____

Preferred Language, circle one: English Spanish

How did you find us? Circle one:
Insurance plan Google Close to home Referred by: _____

Siblings (names and birthdates): #1 _____
#2 _____
#3 _____

People who can bring child to appointment:

_____

Pharmacy information: Name _____
Address & phone number _____

Insurance information

Is the patient covered by insurance? (circle one) YES NO (self pay)
Name of primary insurance _____ Insurance # _____
Member ID# _____ group # _____
Responsible party's name & DOB _____
Responsible party's occupation & employer _____
Patients relationship to subscriber _____

Is there a secondary insurance? YES (enter below) NO

Secondary Insurance information
Name of insurance _____ Insurance # _____
Member ID# _____ group # _____
Responsible party's name & DOB _____
Responsible party's occupation & employer _____
Patients relationship to subscriber _____

Insurance card- Please present a current insurance card at first visit and any subsequent visit if there is a change in insurance.

The above information is true and to the best of my knowledge. I authorize my insurance benefits to be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize Aquarius Pediatrics or insurance company to release any information required to process my claims.

Parent/ Guardian name: _____

Parent/ Guardian signature: _____

Today's Date: _____