

# Pediatrics at Murphy Road

Ylicia Richards, MD

1224 Thomasville Court

Garland, TX 75044

P: 972-414-CUTE (2883) ~ F: 972-414-LOVE (5683)

## Patient Demographic & Insurance Information

Today's date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Nickname \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M - F (Circle One)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

(Where patient lives)

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Is it ok to leave a message at these numbers? Y - N

Email Address: \_\_\_\_\_

Race:  White  Black  Native American  Asian  Other \_\_\_\_\_

Ethnic Group:  Hispanic  Non-Hispanic Child's Preferred Language: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ City: \_\_\_\_\_

Siblings Names & Ages: \_\_\_\_\_

Who may we thank for referring you to our practice? \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Preferred language: \_\_\_\_\_ Do you require an interpreter? Yes  No

Please indicate the methods of contact and appropriate numbers you authorize us to use in order to reach you:

Home Number \_\_\_\_\_  Work Number \_\_\_\_\_

Cell Number \_\_\_\_\_  Email \_\_\_\_\_

Is it ok to leave a message at these numbers? Y - N Occupation: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Preferred language: \_\_\_\_\_ Do you require an interpreter? Yes  No

Please indicate the methods of contact and appropriate numbers you authorize us to use in order to reach you:

Home Number \_\_\_\_\_  Work Number \_\_\_\_\_

Cell Number: \_\_\_\_\_  Email: \_\_\_\_\_

Is it ok to leave a message at these numbers? Y - N Occupation: \_\_\_\_\_

### Primary Insurance Coverage:

Name of Guarantor: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Insurance Carrier: \_\_\_\_\_

Policy ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Secondary Insurance Coverage:

Name of Guarantor: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Insurance Carrier: \_\_\_\_\_

Policy ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Thank you for choosing Pediatrics at Murphy Road!**