NEW PATIENT INFORMATION

Healthy Starts Pediatrics, PC
(717) 652-7616 (phone) (717)909-3204 (fax)
845 Sir Thomas Court, Suite 7
Harrisburg, PA 17109

Name of child (please print clearly) _____ Date of Birth: _____

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Name of child (please print clearly) _____ Date of Birth: _____

Name of child (please print clearly) _____ Date of Birth: _____

Resident Address:_____

Street **City** **State** **Zip**

Parent(s) Name(s): Mother: _____ DOB: _____

Father: _____ DOB: _____

Other : _____Relationship: _____

***Please note that if any other biological parent is in the child's life, you should include it above. Both biological parents are entitled to information regarding the child.**

CONTACT INFO:

Primary Mobile Phone #: _____(circle) Mother / Father
(This will be used for appointment confirmations and other important notifications)

Alternate Phone number: _____(circle) Mobile / Home
To whom does this # belong? _____

Email Address: (For appointment reminders)

_____

Primary Insurance Carrier / Company: _____

Subscriber Name (who carries insurance?): _____

Subscriber's Date of Birth: _____

ID#: _____

Group #: _____ Effective Date: _____

Insurance Company Address: _____

Secondary Insurance Carrier / Company: _____

Subscriber Name (who carries insurance?): _____

Subscriber's Date of Birth: _____

ID#: _____

Group #: _____ Effective Date: _____

Insurance Company Address: _____