

Please complete and return both forms by Monday, October 18. The flu shot clinic will be held Wednesday , October 20. If your child is a student at the Primary Center an adult will need to be present during the flu shot. You can complete this form and bring it to the nurse station with your child anytime during the month of October.

NAME: _____ SEX: M ___ F ___ DATE OF BIRTH
_____/_____/_____

LAST FIRST Middle

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ HOME PHONE: _____ CELL PHONE: _____

SOCIAL SECURITY #: _____

Primary Care Physician _____

Does someone else other than the biological parent have guardianship? Yes/No

INSURANCE INFORMATION:

PRIMARY INSURANCE: _____ SUBSCRIBER NAME: _____

SUBSCRIBER DOB: ____/____/____ SUBSCRIBER SOCIAL SECURITY #: _____

SUBSCRIBER ID: _____ GROUP#: _____

SECONDARY INSURANCE _____ SUBSCRIBER NAME: _____

SUBSCRIBER DOB: ____/____/____ SUBSCRIBER SOCIAL SECURITY #: _____

SUBSCRIBER ID: _____ GROUP #: _____

I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure payment of benefits. I authorize the use of this signature on all insurance claims. Financial policy: By signing below, I agree that I have read and fully understand the financial policy set forth by TRH Medical offices and i agree to the terms of this policy. I also understand that the terms of this policy may be amended by the practice at any time without prior authorization to the patient.

PARENT/GUARDIAN SIGNATURE

RELATIONSHIP

DATE