

INSURANCE INFORMATION NEEDED TO FILE YOUR CHILDS INSURANCE – ROSWELL PEDIATRIC CENTER, P.C.

Parents without their child's current insurance card must complete this form. **All information must be included for us to file with your insurance.** If you are unsure of any information, please call your insurance company. Information may also be faxed to us. Our fax numbers are Crabapple Rd 770-343-8759, Haynes Bridge Road 770-751-7198, N. Corners Cumming 770-888-5562. **Otherwise, you will responsible for all charges until all information is obtained or card is presented.** If your children are covered by different companies or you have more than one policy, please fill out a separate form for each insurance company and/or policy.

POLICY HOLDER INFORMATION:

Name: _____ Date of Birth: _____

Employer: _____

Child's Name: _____ ID Number: _____

Child's Name: _____ ID Number: _____

Child's Name: _____ ID Number: _____

Group Number: _____ Effective Date of Insurance: _____

Copay: \$ _____ Deductible: \$ _____

Name of Current Insurance Company: _____

Plan Type: HMO / PPO / POS / EPO Other: _____

Phone Number of Insurance Company: _____

Claims Address: _____

Name of Previous Insurance: _____

Expiration Date of Previous Insurance: _____

FOR INTERNAL USE:

- BCBS must have letters before policy #. Aetna must have letters for policy #.
 Please make sure we have all children's policy #'s NOT SOCIAL SECURITY NUMBERS.

FORM COMPLETE FORM INCOMPLETE Parent informed private pay until information provided and signed the "NO INSURANCE INFORMATION FORM"

Form accepted by (check-in): _____ Date: _____

Signature

Insurance Entered by: _____ Date: _____

Signature