

**Small World Pediatrics LLC**  
332 S Orchard Springs Dr #150, Pueblo West, CO 81007

|  |                         |                         |                        |  |
|--|-------------------------|-------------------------|------------------------|--|
| Patient Name   | Date of Birth           | Gender<br>M   F         | Social Security Number |  |
| Physical Address                                     |                         |                         | Phone Number           |  |
| Mailing Address (if different than physical address) |                         |                         | Primary Email          |  |
| Parent/Guardian #1 Name                              | Date of Birth           | Social Security Number  |                        |  |
| Address (if different than child)                    |                         | Phone Number            |                        |  |
| Employer   |                         | Alternate Phone Number  |                        |  |
| Parent/Guardian #2 Name                              | Date of Birth           | Social Security Number  |                        |  |
| Address (if different than child)                    |                         | Phone Number            |                        |  |
| Employer   |                         | Alternate Phone Number  |                        |  |
| Emergency Notification (other than guardian) #1 Name | Relationship to child   | Phone Number            | Alt Phone Number       |  |
| Siblings Name  | Date of Birth           |                         |                        |  |
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|  |                         |                         |                        |  |
| Primary Insurance Company                            | Insurance Member Number | Insurance Group Number  |                        |  |
| Subscriber Name                                      | Subscriber DOB          | Relationship to Patient |                        |  |
| Secondary Insurance Company                          | Insurance Member Number | Insurance Group Number  |                        |  |
| Subscriber Name                                      | Subscriber DOB          | Relationship to Patient |                        |  |
| Guarantor (Person financially responsible for child) | Relationship to Child   | Date of Birth           |                        |  |
| Physical Address                                     |                         | Social Security Number  |                        |  |
| Mailing Address (if different than physical address) |                         | Phone Number            |                        |  |
| Employer   |                         | Employer Phone Number   |                        |  |

**Authorization and Release**

For all insurance plans with which Small World Pediatrics LLC has a contractual obligation, I authorize the release of any information including the diagnosis and the records for any treatment or examination rendered to me or my dependent during the period of such care to third-party payor and/or other health practitioners as needed for proper medical care.

For more information please refer to our Notice of Privacy Practices available in our office.

In consideration of all services rendered, I hereby assign and transfer to Small World Pediatrics LLC any benefits payable to or for me under hospitalization, sickness or accident coverage, to include major medical or managed care plans for the payment of such services rendered.

I understand and agree that, it is my responsibility to provide Small World Pediatrics LLC with up to date billing and insurance information at each visit and should failure to do so result in denial of payment of a claim for services, I will be responsible for that claim. I understand that regardless of my insurance status, I am ultimately responsible for the balance of my account for any professional services rendered, and legal and collection fees accrued.

Name of Patient \_\_\_\_\_ DOB \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_