

# ADVANCED ALLERGY & ASTHMA CARE, PA

## CHILD REGISTRATION

Name of the Child:	Date of Birth:
Sex:	SSN:
Father/Guardian:	Mother/Guardian:
Child resides with:	Information can be released to Mom/Dad:
<b>Father's Information</b>	<b>Mother's Information</b>
Address: _____ _____	Address: _____ _____
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Employer:	Employer:
SSN:	SSN:
Email address (to notify you of changes in office hours, not for solicitation):	
Emergency Contact and Phone Number:	

**Authorization of Release of Information:**

We are sometimes asked to release medical information to insurance companies to substantiate claims submitted to them for services covered by your policy. Your signature here is a "Lifetime Signature Authorization" for the release of information and the authorization of payment of medical benefits to this office for any claims submitted.

**Authorization of Insurance Benefits:**

I hereby authorize direct payment of Medical Benefits to Advanced Allergy & Asthma Care, PA for the services rendered by Drs. Sanka or Chamorthy or under their supervision. I understand that I am financially responsible for co-payment, deductibles and any amount not covered by the insurance.

**Consent for Person(s) other than Parent/Legal Guardian to Bring Patient to Medical Appointments:**

I give permission for this patient to be brought to doctor's appointments and/or their staff to discuss medical treatment to be performed on my child, including but not limited to changes to treatment at Advanced Allergy & Asthma Care, PA by the following individuals:

NAME / RELATIONSHIP  
\_\_\_\_\_  
\_\_\_\_\_

**Consent to Treatment and Care of Minors:**

I, \_\_\_\_\_, {Parent or Legal guardian} hereby give consent for the treatment and care to \_\_\_\_\_, (Patient's Name) at Advanced Allergy & Asthma Care, PA

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

RACE: White, Black, Asian American, Indian or Alaska Native, Native Hawaiian, Pacific Islander

ETHNICITY: ARE YOU HISPANIC/LATINO? YES / NO

PREFERED LANGUAGE: ENGLISH OR OTHER \_\_\_\_\_

\_\_\_ I DECLINE TO ANSWER