Desert Valley Pediatrics

☐ West Valley Office	☐ At The Ball Park	☐ Surprise Office
4137 N. 108th Ave.	3802 N. 53rd Ave. Ste. 160	15264 W. Brookside Ln. Ste. 155
Phoenix, AZ 85037	Phoenix, AZ 85031	Surprise, AZ 85374
P 623-877-7337	P 623-877-7337	P 623-877-7337
F 623-772-0686	F 623-247-6537	F 623-214-3219

Patient Account #____________________

Child's Last Name ____________________ First ____________________ MI ________

Birth Date __________ Age ______ Sex: F M Primary Language ____________________

Please list names of family members seen by DVP physicians: ____________________

____

Guardian's/
Father's Name ____________________

Address ____________________

City __________ State _____ Zip ________

Home/Message Phone ____________________

Business Phone ____________________

Cell Phone ____________________

SS# __________ Date of Birth __________

Guardian's/
Mother's Name ____________________

Address ____________________

City __________ State _____ Zip ________

Home/Message Phone ____________________

Business Phone ____________________

Cell Phone ____________________

SS# __________ Date of Birth __________

Insurance Information

Insurance Co. Name ____

Patient's Insurance ID #: ____________________ Group: ____________

Include member number if applicable (01, 02, 03, etc.)

Insurance Policy Holder Name: ____

Insurance Policy Holder DOB: ____________________ Relationship: ____________

Address To Send Claims: ____

____

____

Release of Benefits and Information: I consent for medical treatment and I have verified the insurance listed on this form and authorize my insurance benefits be paid directly to the doctor. I am financially responsible for any balance due. I authorize Desert Valley Pediatrics to release any information required for this claim.

Signed: ____ **Date:** ____________