



## Patient Registration

18367 Perkins Road East  
Baton Rouge, LA 70810  
Tel (225) 636-5437  
Fax (225) 636-5547

Who is your primary pediatrician?  Dr. Barrient  Dr. Busenlener  Dr. Philippe

Patient (Last, First, MI) \_\_\_\_\_

Patient's Preferred Name \_\_\_\_\_ Gender  F  M

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Preferred Phone (\_\_\_\_) \_\_\_\_\_

Patient Address \_\_\_\_\_  
\_\_\_\_\_

School Attending \_\_\_\_\_ Who referred you to us? \_\_\_\_\_

**Guardian's Name(1)** \_\_\_\_\_ **Relationship** \_\_\_\_\_

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

Address (if different from Patient's) \_\_\_\_\_

Employer's Name \_\_\_\_\_ Employer's Phone(\_\_\_\_) \_\_\_\_\_

**Guardian's Name(2)** \_\_\_\_\_ **Relationship** \_\_\_\_\_

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

Address (if different from Patient's) \_\_\_\_\_

Employer's Name \_\_\_\_\_ Employer's Phone(\_\_\_\_) \_\_\_\_\_

**Insurance Policyholder** \_\_\_\_\_

### Guarantor

If the patient's parents / legal guardians are unmarried or legally separated, the parent or guardian accompanying the child to the first appointment will be established as the account guarantor. In order to change the guarantor on the account, a **Change of Guarantor Request** form must be completed. The patient or the adult accompanying the patient to the appointment is responsible for presenting an updated insurance card at each visit.

### Authorization & Release

I authorize The Pediatric Place, LLC to release any medical or other information necessary to process medical claims for services provided. I request payment of government benefits to The Pediatric Place, LLC. I authorize payment of medical benefits to The Pediatric Place, LLC for services provided. I understand that I am personally responsible for payment of services provided.

**Signature** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_