

ORANGE PEDIATRIC CARE, P.C.

Dr. Maria Bernardez / Evelyn Santiago FNP

3206 Rt. 9 W

301 Main Street

New Windsor, NY. 12553

Beacon, NY. 12508

(845) 561-5227

(845) 831-5995

Guardian Information: (responsible for Children) COPY OF INSURANCE CARD NEEDED

Last Name _____ First Name _____ MI _____

Relationship to Children _____ Marital Status _____ Occupation _____

Street Address _____

City _____ State _____ Zip Code _____ DOB _____

Home Ph. _____ Cell Ph. _____ Work Ph. _____

Employer _____ Employers address _____

Children Information:

Last Name	First Name	MI	DOB	M/F
1). _____	_____	_____	_____	_____
2). _____	_____	_____	_____	_____
3). _____	_____	_____	_____	_____
4). _____	_____	_____	_____	_____

Fathers Name: _____ Mothers Name: _____

Insurance Information:

INSURANCE: _____ Effective Date: _____

Subscribers Name: _____ DOB : _____ ID # _____

Employer _____

Address _____

I (We) accept FULL Financial responsibility for payment of all medical & laboratory services incurred by the above children not covered by medical insurance. *If there is someone else responsible for payment of treatment I will still assume FULL responsibility.* I (We) hereby authorize the office of Orange Pediatric Care, P.C. to release any information needed to the insurance company to process my insurance claim forms. (Please sign privacy form)

Signature _____ Signature _____

Date: _____ Date: _____

Relationship to the patient: _____ Relationship to the Patient: _____

I Have reviewed, completed, and made changes to the above information when necessary. _____, (initial).

I am aware there will be a \$25.00 charge for any un-kept scheduled appointments without giving Orange Pediatric Care, P.C. 24 hours' notice.