

**INSURANCE INFORMATION NEEDED TO FILE YOUR CHILD'S  
INSURANCE – Pediatric Associates of NYC, P.C.**

Parents without their child's current insurance card must complete this form. **All information must be included for us to file with your insurance.** If you are unsure of any information, please call your insurance company. **Otherwise, you will be responsible for all charges until all information is obtained or card is presented.** If your children are covered by different companies or you have more than one policy, please fill out a separate form for each insurance company and/or policy.

**POLICY HOLDER INFORMATION:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Insurance ID#: \_\_\_\_\_ Policy: \_\_\_\_\_

Child's Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Effective Date of Insurance: \_\_\_\_\_  
Copay: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

Plan Type: HMO / PPO / POS / EPO

Phone Number of Insurance Company: \_\_\_\_\_

Claims  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Previous Insurance: \_\_\_\_\_

Expiration Date of Previous Insurance: \_\_\_\_\_

**FOR INTERNAL USE:**

- BCBS must have letters before policy #. ? Aetna must have letters for policy #.
- Please make sure we have insurance ID #'s NOT SOCIAL SECURITY NUMBERS.

Form accepted by (check-in): \_\_\_\_\_ Date: \_\_\_\_\_