



## Pediatric Associates of New York City, PC

### Registration Form

#### **Patient/s Information (you may use 1 form for up to 2 kids)**

Name: \_\_\_\_\_ #2 \_\_\_\_\_  
DOB: child #1 \_\_\_\_\_ 2<sup>nd</sup> child \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home# \_\_\_\_\_ Alternate# \_\_\_\_\_

#### **Parent #1**

Name: \_\_\_\_\_ Gender: Male or Female  
DOB: \_\_\_\_\_ S.S # \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home# \_\_\_\_\_ Alternate# \_\_\_\_\_

#### **Parent #2**

Name: \_\_\_\_\_ Gender: Male or Female  
DOB: \_\_\_\_\_ S.S # \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home# \_\_\_\_\_ Alternate# \_\_\_\_\_

#### **Insurance Information (note if child is covered by more than 1 policy please provide information for both)**

Primary Insurance: \_\_\_\_\_ /Ins. Id # \_\_\_\_\_  
Policy Holder's relationship to child:  
\_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ /Ins. Id # \_\_\_\_\_  
Policy Holder's relationship to child:  
\_\_\_\_\_