

SOUTHWEST PEDIATRICS INC.
HITESH Z. SHAH, M.D., F.A.A.P.
CHARITY O. SANTIAGO, M.D., F.A.A.P.
9500 Stockdale Hwy. #108
Bakersfield, CA 93311

Today's Date _____

Patient Information

_____ Male _____ Female

Patient Name _____
Last First Middle

Patient Address _____
Street Apt # City Zip

Date of Birth _____ Patient Social Security # _____

Phone # _____ E-Mail Address _____

Referred by _____

Other family members seen in our office _____

Emergency contact _____
Name/ Relationship Address Phone #

Parent Information

Mother's Name _____
Last First Middle

Mother's Address _____
Street Apt # City Zip

Mother's Employer _____
Company Address Phone #

Mother and Father's Cell Phone _____ / _____
Mothers Fathers

Father's Name _____
Last First Middle

Father's Address _____
Last First Middle

Father's Employer _____
Company Address Phone #

Insurance Information

Primary Insurance
Insurance Company _____

Secondary Insurance
Insurance Company _____

Identification # _____

Identification # _____

Subscribers Name _____

Subscribers Name _____

Subscribers SSN _____

Subscribers SSN _____

Subscribers Date of Birth _____

Subscribers Date of Birth _____

Authorization

I authorize the release of any medical or other information necessary to process this claim. I also authorize payment of medical benefits to the physician or supplier for services rendered. I am financially responsible to all non-covered services and deductibles. This authorization will remain in effect for the duration of my association with this physician.

Signature (Patient or parent if minor) _____

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Mother's Name _____
Last First Middle

Mother's Address _____
Street Apt # City Zip

Mother's Employer _____
Company Address Phone #

Mother and Father's Cell Phone _____ / _____
Mothers Fathers

Father's Name _____
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Company Address Phone #

Mother and Father's Cell Phone _____ / _____

Mothers Fathers

Father's Name _____
Last First Middle

Father's Address _____
Last First Middle

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