



Eastchester Pediatric Medical Group
CHILDREN'S AND WOMEN'S PHYSICIAN'S of WESTCHESTER, LLP

JOSE BOYER M.D. RAJESH BISNAUTH M.D. ROSEMARY CALLIGARIS M.D.
266 White Plains Road, Eastchester, New York. 10709
Phone: (914) 337-3960 ; Fax: (914) 395-1537
www.eastchesterped.com E-mail:info@eastchesterped.com

PATIENT INFORMATION

MOTHER

NAME (Mother's First, Last/Mother's maiden name)

DATE OF BIRTH _____
HOME PHONE () _____
WORK PHONE () _____
CELL PHONE () _____
ADDRESS _____

FATHER

NAME (First, Last Name)

DATE OF BIRTH _____
HOME PHONE () _____
WORK PHONE () _____
CELL PHONE () _____
ADDRESS _____

INSURANCE

MOTHER'S INSURANCE COMPANY

POLICY # _____
ID# _____
GROUP#/NAME _____
TYPE OF COVERAGE _____

FATHER'S INSURANCE COMPANY

POLICY # _____
ID# _____
GROUP#/NAME _____
TYPE OF COVERAGE _____

CHILDREN

1.NAME _____
DATE OF BIRTH _____

2.NAME _____
DATE OF BIRTH _____

3.NAME _____
DATE OF BIRTH _____
SOC. SEC. NUM _____

4.NAME _____
DATE OF BIRTH _____
SOC. SEC. NUM _____

Co-pays are required at time of office visit.

If you have immunization records please give them to us. If your child has any medical conditions or allergies we should be informed.
A signed permission note must be given to us if your child is not accompanied by a parent or guardian.
I understand that if my insurance is not in effect at time of visit, I will be responsible for all medical services at Eastchester Pediatric Medical Group.
I authorize Eastchester Pediatric Medical Group to give reasonable and proper care, by current standards, to my child.

Missed Appointment Policy:

If you fail to cancel your child's appointment (Well visit or Sick visit) you will be charged \$25.00.

I have read and understand the above policies made by Eastchester Pediatric Medical Group.

Parent or Guardian

Date