Welcome to Rutherford Pediatrics! 😀

2022 Registration

****Please list all of your children that come to our office****

How did you hear about us - Friend Website Facebook OB/GYN Other

Name: _____ Date of Birth:_____ Sex: ☐F ☐M
First Name Last Name

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First Name Last Name

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First Name Last Name

Name: _____ Date of Birth:_____ Sex: ☐F ☐M
First Name Last Name

Address:_____ City:_____

State:_____ Zip:_____

Parent#1 Cell_____Parent#2 Cell_____

Parent name#1_____ Relation: _____DOB _____

Parent name#2_____ Relation: _____DOB _____

Email Address: _____

Parents: ❑ Married ❑ Single ❑ Divorced ❑ Partners ❑ Widow
Custody: ❑ Mother ❑ Father ❑ Joint

*Please ask the front desk staff for a "Consent to Treat" form if you allow other family members to bring your child/children to the office without your company. This will save you time later if needed.

→Please see the back for our policies and please sign!

Insurance Information

It is the responsibility of the subscriber to know their benefits. Not all insurances cover immunizations or well visits. You must call your insurance and select Dr. Grace Becz as your PCP if your insurance requires a selection. Failure to do so will cause the insurance to decline payment. Insurance must be contacted to enroll newborns within 30 days of birth, after 31 days the baby will not be on the policy.

Person responsible for insurance _____

Relationship to patient _____ Birthdate _____

Employed by: _____ Work phone # _____

Insurance company: _____ ⭐Policy eff. date:_____⭐

Policy/ID# _____ Group#_____

***If divorced or separated please put address below (if they are the guarantor for the insurance).**

Address: _____

Assignment and Release

We will submit claims to your insurance and after we receive payment, you will be responsible for any deductibles, co-insurance, or any other remaining balance.
It is your responsibility to call your insurance company and find out the following:

1. Is your child enrolled in the insurance plan
2. What are your benefits in our office
3. Check if your child is covered for preventive/well baby visits and immunizations
4. Find out your deductible (if any)
5. If you do not have the copay at the time of the visit there is a $5 fee
6. For wellness visits if there is a no call, no show there is a $50 fee per appointment
7. For ADHD and asthma follow ups if there is a no call, no show there will be a fee of $50
8. In the case of a bounced check there is a $40 fee

I hereby authorize payment directly to Rutherford Pediatrics; Dr. Grace Becz for all insurance benefits otherwise payable to me for services rendered. I understand that I am financially responsible for all charges, whether or not paid by insurance, and for all services rendered on my behalf or my dependents. I authorize the above doctor and/or any provider or supplier of services in this office to release the information required to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Signature of responsible party:_____**Date:**_____