



RANKIN
Children's Group

1405 Crossgates Drive, W., Brandon, MS 39042 • 601-825-0925
281 Belle Meade Pt., Suite A, Flowood, MS 39232 • 601-992-2292

Joseph D. Edwards, Jr., M.D. • W. Craig Flowers, M.D. • Ann Marie Lee, M.D. • Laura B. Mullins, M.D.
Michael A. Rogers, M.D. • Emily Thomas, M.D. • K. Michelle VanNorman, M.D. • Alisha S. Vaughn, M.D.

NEW PATIENT INFORMATION

COMPLETELY FILL OUT

Date: _____

PLEASE PRINT

List all children in your family (biological/adopted) that will be a patient of this practice. This form must be **COMPLETELY** filled out. We can **NOT** verify that we have the most **current** information on file if you write, "ALREADY ON FILE."

1. Child's Full Name

Sex _____ (First) _____ (Middle) _____ (Last)
Race _____ DOB _____ SS# _____

2. Child's Full Name

Sex _____ (First) _____ (Middle) _____ (Last)
Race _____ DOB _____ SS# _____

3. Child's Full Name

Sex _____ (First) _____ (Middle) _____ (Last)
Race _____ DOB _____ SS# _____

Preferred method of appointment reminders: (Mark one) Phone call _____ Text Message _____

Mailing Address:

(Street or PO Box) _____ (City) _____ (State & Zip) _____

Primary Phone: _____ Home Phone: _____

If parents are not living together, with whom do the children live with? _____

Mother's Name: _____ DOB: _____

Mother's SS#: _____ Cell Phone: _____

Mother's Address **IF** not living with the child(ren) _____

Email Address: _____

Place of Employment: _____ Work Phone: _____

Father's Name: _____ DOB: _____

Father's SS#: _____ Cell Phone: _____

Father's Address **IF** not living with the child(ren) _____

Email Address: _____

Place of Employment: _____ Work Phone: _____

Emergency Contacts, Other than parents:

Name: _____ Relationship: _____ Phone _____



RANKIN
Children's Group

1405 Crossgates Drive, W., Brandon, MS 39042 • 601-825-0925
281 Belle Meade Pt., Suite A, Flowood, MS 39232 • 601-992-2292

Joseph D. Edwards, Jr., M.D. • W. Craig Flowers, M.D. • Ann Marie Lee, M.D. • Laura B. Mullins, M.D.
Michael A. Rogers, M.D. • Emily Thomas, M.D. • K. Michelle VanNorman, M.D. • Alisha S. Vaughn, M.D.

GUARANTOR AND INSURANCE INFORMATION

Name of Responsible Party: _____

Who should receive billing statements: _____

Address of Responsible Party: _____

PLEASE NOTE: If **each** child is insured by a parent, guardian, or a sibling **completely** list the insured's info below. If each child has a **different ID** or **different insurance**, please ask for additional forms. If your child(ren) has multiple insurance, it is your responsibility to inform RCG which is primary. We want to ensure that RCG is filing the claim appropriately. The only secondary insurance that RCG will file is **Blue Cross Blue Shield**. It will be your responsibility to file any other secondary insurance.

Primary Insurance-

Insured's Name: _____ DOB _____

SS# of Insured: _____ Effective Date of Policy _____

Insurance Co. _____

ID # _____ Group # _____

Lab Deductible \$ _____

Co-Pay \$ _____

Deductible \$ _____

Secondary Insurance -

BLUE CROSS BLUE SHIELD ONLY

Insured's Name: _____ DOB _____

SS# of Insured: _____ Effective Date of Policy _____

Insurance Co. _____

ID # _____ Group # _____

Lab Deductible \$ _____

Co-Pay \$ _____

Deductible \$ _____

Financial

Arrangements:

Payment is due at the time of service by the person bringing the child in for treatment. Any balance over 60 days old is the guarantor's responsibility. Payment arrangements can be made to avoid collections. If the account becomes delinquent, I agree to pay collection costs (33%-40%) & fees incurred in attempting to collect this account. I give my consent to receive communications from Rankin Children's Group and/or any collectors through various means such as cell or landline phones, text, email, auto dialer system, voicemail, & other forms of communications.

X _____

(Print name of responsible person)

(Relationship to patient)

X _____

(Signature of responsible person)

I would like to discuss the office's payment policy. Yes No

OFFICE USE ONLY

Child 1 - Account # _____

Child 2 - Account # _____

Child 3 - Account # _____

Employee Initials _____

Date added to OP _____