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1405 Franklin Gtwy SE, Marietta, GA 30067-8721
Phone: (770) 951-5400 Nurse Line: (770) 955-8291

Registration
(Please Print)

Date _____ Home _____

Patient _____
Last Name First Name Middle Initial

Street Address _____

City _____ State _____ Zip Code _____

Sex ? M ? F Patient's Age _____ Patients Birthdate _____

Parent's Information:

Father

Mother

Last Name First Name MI Last Name First Name MI

Employer _____

Business Address _____

Business Phone _____

Social Security # _____

Insurance Information:

Do you have Medical Insurance? _____ No _____ Yes _____ No _____ Yes

Name of Insurance Company: _____

Contact# _____ Group# _____ Contact# _____ Group# _____

Member ID# _____

In case of emergency, who should be notified? _____
Name Phone#

How did you learn of our practice? _____

AUTHORIZATION TO RELEASE INFORMATION:

I hereby authorize the Physician to release any information acquired in the course of my child's treatment necessary to process insurance claims.

SIGNATURE OF PARENT: _____ DATE _____

AUTHORIZATION TO PAY BENEFITS TO PHYSICIAN:

I hereby authorize payment directly to the Physician of the Medical Benefits and/or Surgical Benefits, if any, otherwise payable to me for his/her services as described, realizing that I am responsible to pay non-covered services.

SIGNATURE OF PARENT: _____ DATE _____