



Kids First Pediatric Clinic, LLC
 18676 Willamette Drive, Suite 300
 West Linn, OR 97068
 Phone: (503) 699-3313 Fax: (503) 699 - 3365
 Website: www.kids1stclinic.com

Patient(s) Update Information Form

Patient Name _____ Date of Birth _____ Gender _____
 Patient Name _____ Date of Birth _____ Gender _____
 Patient Name _____ Date of Birth _____ Gender _____
 Patient Name _____ Date of Birth _____ Gender _____

Address _____
 Street _____ City _____ State _____ Zip _____

GIVE BOTH PARENTS INFORMATION

Parent Name _____ Parent Name _____
 Soc Sec # _____ Soc Sec # _____
 Date of Birth _____ Date of Birth _____
 Employer/ Occupation _____ Employer/ Occupation _____
 Cell Phone _____ Cell Phone _____
 Email Address _____ Email Address _____

Primary Insurance Information

Insurance Company _____ Insurance Effective Date _____
 Subscriber Name _____ Insurance Identification _____
 Subscriber Address _____ Guarantor Address: _____
 Guarantor(if different from subscriber) _____

Secondary Insurance Information

Second Insurance Company: _____ Insurance Effective Date: _____
 Subscriber Name: _____ Insurance Identification: _____
 Subscriber Address: _____ Guarantor Address: _____
 Guarantor Name (if Identification from subscriber): _____

Do you have Active or Pending OHP/ Medicaid coverage? Y N

I verify that this information is correct and up to date. I understand that I am responsible for the charges accrued by my child/children regardless of insurance benefits. If in using the information I have provided today or on previous occasions Kids First Pediatric Clinic is unable to collect from my child's insurance company, I accept full responsibility for the payment of child's bills.

Print Parent/Guarantor name: _____ Signature: _____ Today's Date: _____
 Relationship to Patient _____