PEDIATRIC ASSOCIATES OF NYC, P.C.

317 East 34 Street
New York, NY 10016
(212) 725-6300

20 Plaza Street East
Brooklyn, NY 11238
(718) 857-5500

22-18 Jackson Avenue
Long Island City, NY 11101
(718) 786-5506

New Patient Registration Form

Patient's Information

Name: ________________________________ **Date of Birth** ____________ **Gender:** __________

Address:____**Apt.**__________

City:__________________________**State:**________________**Zip:**___________

Home #____________________________ **Cell#**________________________

Email address ____

Parent #1 Name: ______________________________**Gender:** male female non-binary _______

DOB: __________________________

Occupation: _______________________ **Employer:**__________________________

Address (if different than child):___________________________________**Apt.**__________

City:_______________________**State:**____________**Zip:**____________

Email address ____

[]Home#__________________**[]Cell #**_________________**[]Work#**______________

Please check preferred number to call

Parent #2 Name: _______________________________**Gender:** male female non-binary ________

DOB: __________________________

Occupation: _______________________ **Employer:**__________________________

Address (if different than child): _____________________________________**Apt.**___________

City: _______________________**State:**______________**Zip:**_________________

Email address ____

[]Home#_____________________**[]Cell#**______________________**[]Work#**______________

Please check preferred number to call

Insurance Information (Provide information for both carriers if child is covered by more than one policy)

Primary Insurance: ______________________**/Ins. Id #**________________________

Policy Holder's name & relationship to child: _______________________________________

Secondary Insurance: ______________________**/Ins. Id #**____________________

Policy Holder's relationship to child: ____

***If parents have different insurance policies, please let our billing department know, even if the child will only be covered by one policy.**