

## 2023-2024 PAI PARENT Flu Vaccine Registration/Encounter Form

<b>Parent Full Name</b> <i>Please PRINT legibly</i>	
Date of Birth (mm/dd/yy)	
Address	
City/Zip	
Contact Phone Number	
Child/Patient Name	
Your relationship to <u>our</u> patient (mother, father, guardian)	
<b>Name of Primary Insurance</b> <b>NO MEDICAID OR MEDICARE</b> <small>(Primary or Secondary)</small>	
Policyholder Name	
ID# & Group # (NO <u>YR</u> Prefix ID#)	ID#  GRP#
SS# Number of the Policyholder	

### PEDIATRIC ASSOCIATES, INC. FINANCIAL POLICY

Flu vaccines will be billed to the above listed insurance provider. If any portion of the flu vaccine is not a covered benefit by your insurance provider any unpaid amount will be subject to PAI's original Financial Policy on file for your family.

\_\_\_\_\_ / \_\_\_\_ / 2023  
 Signature Printed Name Date

### DO NOT WRITE BELOW THIS POINT ...FOR OFFICE USE ONLY

Account # Assigned \_\_\_\_\_ Account Updated by: \_\_\_\_\_  
 Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_ am/pm

Child's Primary Care Physician: DAR APL JLL AJS KIK ARH