Dundalk Pediatric Associates
1792 Merritt Blvd.
Baltimore, MD 21222
Phone: 410-284-1133 Fax: 410-284-3371

Patient Information

Name:	Patient Acct #:
Address One:	Social Security #:
Address Two:	Sex: Date of Birth:
City:	Language:
State: Zip:	Race: Ethnicity:
Home Phone#:	Emergency Contact:
Work Phone#:	Emergency Phone:
Cell Phone#:	Emergency Relationship:

Guarantor Information

Name:	Date of Birth:
Address One:	Social Security #:
Address Two:	Sex:
City:	Email:
State: Zip:	Employer:
Home Phone#:	Employer Address:
Work Phone#:	Employer City:
Cell Phone#:	Employer State: Zip:

Insurance Information

Primary Insurance:	Secondary Insurance:
Certificate#:	Certificate#:
Group Number:	Group Number:
Group Name:	Group Name:
Copay:	Copay:
Subscriber Name:	Subscriber Name:

Payment Policies: I certify that the personal and insurance information that I have provided is correct. I authorize Dundalk Pediatric Associates to verify insurance coverage and benefits. I authorize my insurance plan to make payment directly to Dundalk Pediatric Associates for services covered under my insurance policy. I agree to pay copayments, coinsurances, deductibles or any non-covered fees as required by my insurance for medical care to be provided to my dependent. I agree to accept full responsibility for payment if my insurance coverage cannot be verified.

Delinquent Balances: I understand that I may be liable for all reasonable collection/attorney fees plus processing costs in the event that my patient balance becomes delinquent and is sent to a collection agency.

Claims Submission/Release of Medical Information: I hereby authorize Dundalk Pediatric Associates to submit a claim to my medical insurance, workers compensation or motor vehicle carrier for medical serves provided to my dependent.
I authorize DPA to receive prescription information from RX Hub.

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Signed (patient or parent if minor)