

****You must bring this COMPLETED form with you to the flu shot appointment.****

2022-2023 PAI PARENT Flu Vaccine Registration/Encounter Form

Parent Full Name <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)	
Name of Primary Insurance	<u>NO</u> MEDICAID OR MEDICARE (Primary or Secondary)
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.

Signature

Printed Name

____/____/2022
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: MPV GWV DAR APL JLL AJS KIK ARH

Nurse Initials: _____