

HARTFORD AREA PEDIATRICS, P.C.

THOMAS B. BINDER, M.D.

43 West Main Street – Avon, CT 06001

Phone 860-678-9400 – Fax 860-678-9480

Registration Information
(records must be updated annually)

Date _____

Patient Name _____

Gender _____ DOB ____/____/____ Allergies _____

Street Address _____

City _____ State _____ Zip _____ Home Ph. _____

Previous Doctor _____ City _____ Ph. _____

Sibling Information

Name _____ Gender _____ DOB ____/____/____

Name _____ Gender _____ DOB ____/____/____

Name _____ Gender _____ DOB ____/____/____

Guardian Information

1. _____ / ____/____ - ____ - ____
Mother's Name DOB SSN

Employer Work Ph./Ext. Cell Phone/Pager

2. _____ / ____/____ - ____ - ____
Father's Name DOB SSN

Employer Work Ph./ Ext. Cell Phone/Pager

Primary Insurance Coverage		Secondary Insurance Coverage	
_____ Carrier Name		_____ Carrier Name	
_____ Subscriber Name	_____ Relationship	_____ Subscriber Name	_____ Relationship
_____ Patient ID #	_____ Group #	_____ Patient ID #	_____ Group #
_____ Effective Date	_____ Co-Pay	_____ Effective Date	_____ Co-Pay

PLEASE SHOW PATIENT'S INSURANCE CARD UPON COMPLETION OF THIS FORM