



33 BARTLETT STREET
LOWELL, MA 01852
(978) 452-2200
FAX (978) 441-2550

HEALTH CARE FOR INFANTS, CHILDREN, AND ADOLESCENTS

506 GROTON ROAD
WESTFORD, MA 01886
(978) 392-2200
FAX (978) 392-8500

Patient Information Sheet

Child's Name (Last, First, MI) _____
Address _____
City, State, Zip Code _____
Home Telephone Number () _____
Work/Cell Telephone Number () _____
Date of Birth _____ Sex _____

Parent or Guardian Name _____
Address _____
City, State, Zip Code _____
Home Telephone Number () _____ EMAIL: _____
Work/Cell Telephone Number () _____
Date of Birth _____ Sex _____

Insurance Information

Subscriber _____ Patient's Relationship _____
Certificate Number _____ Patient's Cert Suffix _____
Group Name _____ Subscriber's Cert Suffix _____
Group Number _____ Subscriber's Birth Date _____
Policy Telephone Number () _____

I hereby authorize GREATER LOWELL PEDIATRICS to release to my insurance carrier any medical information necessary to process claims. I further authorize payment of medical benefits directly to GREATER LOWELL PEDIATRICS.

Authorized Signature Date

I acknowledge having received a copy of the practice's Notice of Privacy Practices.

Authorized Signature Date