

Wayne H. Fujita M.D., Inc.
CHILD Registration Form 2026

Referring Doctor: DATE: Circle: Child's Pediatrician/ Primary Care Doctor

PATIENTS NAME: Last Name: First Name: MI: Sex: Birthdate:

Address: Number: Street: Apt #: City: ZIP Code:

Responsible Party: Circle: Father / Mother / Step parent

Last Name: First Name: MI: Sex: Birthdate:

Address: Number: Street: Apt #: City: ZIP Code:

Home Phone: Cell Phone: Work Phone: Employed By: Occupation:

Other Parent Name: Circle: Father / Mother / Step parent

Last Name: First Name: MI: Sex: Birthdate:

Address: Number: Street: Apt #: City: ZIP Code:

Home Phone: Cell Phone: Work Phone: Employed By: Occupation:

PRIMARY Ins. Co:

Subscribers Name: Membership ID#: Grp #: Coverage Code: Circle: Father / Mother / Step parent

SECONDARY Ins. Co:

Subscribers Name: Membership ID#: Grp #: Coverage Code: Circle: Father / Mother / Step parent

I certify that the above name, address, phone numbers and insurance information is correct. I understand that I will be held financially responsible and that my account will immediately become collectable in full if the insurance information is incorrect. I understand that I am responsible for amounts not covered by insurance and that there will be a \$27.50 charge for any returned checks and a \$27.50 charge if my delinquent account (over 3 month old) is sent to collection. I Acknowledge that I have received a copy of Provider's Notice of Privacy Practices with the effective date of April 14, 2003. Also I hereby authorize Dr. Wayne H. Fujita to release any medical and / or other information as needed by my insurance company, in order that any medical claim for services rendered may be processed. I further authorize my insurance company to pay any medical benefits due me for same, directly to Dr. Wayne Fujita, on my behalf. I also authorize Dr. Fujita's staff to leave messages about appointment reminders at my home, or on my answering machine. I also authorize to receive mailed updates on any new products or procedures offered at Dr. Wayne Fujita's office.

Signature of Parent or Responsible Party: Date: