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Household Patient Demographics Information Form - 2026

Today's Date_____ **Referred by** (*if new family*):_____

Purpose: *This form establishes the authoritative household record for identity, contact information, medical decision-making authority, and financial responsibility for the child(ren) listed below. Other Heritage Pediatrics policies rely on the information recorded here.*

This is a household form. One form may cover multiple children **when the same Parent or Legal Guardian holds authority and financial responsibility for those children.** Exceptions must be noted below.

Household Information (Where the child/children live primarily)

_____

Home Address Apt. # City State Zip Code

Primary Parent or Legal Guardian (Presumed Authority)

Definition: A *Parent or Legal Guardian* is an individual with legal authority to consent to medical care **and** who accepts financial responsibility for the patient(s).

Unless otherwise indicated below, the individual listed here is presumed to be:

- Primary point of contact
- Authorized medical decision maker
- Financially responsible party for all listed children

Name (as on insurance card): _____

Relationship to Child(ren): _____

DOB: _____ SSN (if primary insured): _____

Mobile Phone: _____Email: _____

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Other Parent or Legal Guardian (if applicable)

List only individuals with **legal parental or guardianship authority** (not stepparents unless legally established).

Name: _____

Relationship to Child(ren): _____

Mobile Phone: _____Email: _____

Primary Insurance Subscriber (Required)

This section identifies the individual whose name appears first on the insurance card. This information is required for insurance verification, billing, and claims submission.

☐ Same as **Primary** Parent/Legal Guardian listed above

☐ Different individual (complete below)

Name (as on insurance card): _____ Date of Birth: _____

SSN (required by insurance): _____Relationship to Child(ren): _____

Mobile Phone: _____Email: _____

Billing Address for Statements (if different)

Billing statements will be mailed to the address below. If left blank, billing statements will be sent to the Household Address listed above.

☐ Same as Household Address

☐ Different billing address (complete below)

_____

Billing Address Apt. # City State Zip Code

Children Covered Under This Household Record

All children listed below are presumed to be under the medical and financial authority of the **Primary Parent or Legal Guardian**, unless otherwise noted. Use the **Notes** column to document custody limitations, differing authority, or children not financially covered by the Primary Parent.

Child Name	**DOB**	**Relationship to Primary Parent**	**Notes (only if different)**
_____	_____	☐ Biological ☐ Adopted ☐ Step	_____
_____	_____	☐ Biological ☐ Adopted ☐ Step	_____
_____	_____	☐ Biological ☐ Adopted ☐ Step	_____
_____	_____	☐ Biological ☐ Adopted ☐ Step	_____

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Exceptions or Alternate Designations (Complete only if applicable)

☐ **Primary point of contact differs from the Primary Parent or Legal Guardian**
Name: _____ Phone: _____

☐ **Medical decision-making authority differs for one or more listed children**
Details (child name(s) and authorized individual): _____

☐ **Financial responsibility differs for one or more listed children**
Details (child name(s) and responsible party): _____

Emergency Contacts / Caregivers (Non-Guardians)

These individuals may be contacted in an emergency. **They do not have medical decision-making authority unless an Advance Consent to Treat Minors form is completed and on file.**

Name	Relationship	Phone Number	May Consent to Treat*
_____	_____	(____)_____	☐ Yes ☐ No
_____	_____	(____)___ _____	☐ Yes ☐ No

*Authorization applies only if an **Advance Consent to Treat Minors** form is completed and on file. Authorization to consent does **not** transfer financial responsibility.

Acknowledgments

- Authority granted to non-guardians requires a separate Advance Consent to Treat Minors form.
- Financial responsibility remains with the Parent or Legal Guardian unless otherwise documented.
- Information provided on this form remains valid unless updated in writing.

Primary Parent / Legal Guardian Signature: _____ Date: _____