

Traverse Area Pediatric and Adolescent Clinic



All of our patients 18 years and older

You will now have exclusive access to our website. You will first need to provide your email address to our office. You will then need to go to our patient portal/website at www.traverseareapediatrics.com and register your email. You will have access to all the same information that your parent had until you reached the age of 18. If you wish for your parents to still have access you can choose to share your email address and password with your parents for them to log on under you.

Your Name _____ Date of Birth _____
Address _____
City _____ State & Zip _____
Email _____ Cell Phone _____

Are you a student? **Yes / No** If yes, where? _____

Circle One

MOM / DAD / STEP-MOM / STEP-DAD / GUARDIAN / OTHER _____

Name _____ Lives with patient? **YES / NO** Date of Birth _____
Address _____ State & Zip _____
City _____ Zip _____
Relationship _____ Email _____
Home Phone _____ Cell Phone _____

Insurance Information

Primary Insurance _____	Secondary Insurance _____
Group # _____	Group # _____
Member ID _____	Member ID _____
Subscriber _____	Subscriber _____
Subscriber DOB _____	Subscriber DOB _____

How would you ideally prefer to be contacted regarding (circle one)

Medical Issues	Home Phone / Work Phone / Cell Phone / Home Email
Appointment Reminders	Home Phone / Cell Phone / Home Email / Work Email / Text
Billing Statements	Home Address / Home Email / Work Email
General Practice Notices	Home Address / Home Phone / Cell Phone / Home Email
Patient Portal Notifications	Cell Phone / Home Email / Work Email

Emergency contact(s) other than parents

Name / Relationship _____ Phone _____
Name / Relationship _____ Phone _____

Our physicians believe in the standards of care recommended by the American Academy of Pediatricians and follow these standards in providing care to you. We cannot know whether your insurance carrier supports every service provided, therefore, you may be responsible for payment for denied services.

I understand that if I chose to use the Patient Portal on the internet for my record I will not use it for emergency or urgent communication with the office.

Patient / Guardian Signature

Date

Printed Name of Signee

