

RAINBOW

CHILDREN'S CLINIC

1915 E. Mayfield Rd, Suite 115
Arlington, TX 76014
 Phone (682) 276-6700

1900 Ballpark Way, Suite 106
Arlington, TX 76006
 Phone (817) 704-7339

PATIENT INFORMATION

Patient's Name: _____ D.O.B. _____ Social Security #: ____ - ____ - ____
Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Sex: ____ M ____ F
Race: ____ Caucasian ____ Black ____ Asian ____ American Indian ____ Hispanic ____ Pacific Islander ____ Other
Ethnicity: ____ Hispanic or Latino ____ Not Hispanic or Latino ____ Refused
Language: ____ English ____ Spanish ____ French ____ Other ____ Refused

RESPONSIBLE PARTY

Name: _____ D.O.B. _____ Social Security # _____ - _____ - _____
Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cellular Phone _____
Employer's Name: _____ Work Phone: _____
Employer's Address: _____ City: _____ State: _____ Zip Code: _____
Parent or Guardian e-mail address (patient portal): _____

* INSURANCE INFORMATION *

Name of Insurance: _____ Policy #: _____ Group #: _____
Name of Cardholder: _____ Relationship to Patient: _____
Social Security #: _____ D/O/B: ____ / ____ / ____ Insurance Tel. #: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cellular Phone: _____
Employer's Name: _____
Employer's Address: _____ City: _____ State: _____ Zip Code: _____

* MEDICAID/ CHIP INFORMATION *

Type of Insurance: _____ Regular/Traditional Medicaid _____ Amerigroup
_____ Aetna _____ Parkland
_____ Cook Children's _____ Other _____

Medicaid/Chip #: _____

Today's Date: _____

IMPORTANT: * Please fill out BOTH, if you have more than one Insurance Coverage