Preferred Pediatrics

241 NW McNary Court
Lee's Summit, MO 64086
Phone (816) 347-0064
Fax (816) 347-0593

James K. McEntire, DO, FAAP
Noel Graham, MD, FAAP
Sherri Quick, RN, CPNP
Ebony Kurtz, RN, CPNP

PATIENT DEMOGRAPHICS

Today's Date: _____

Child's Name: _____ Male _____Female _____
(Last) (First) (MI)

Child's Address: _____
(Street) (Apt)

_____
(City) (State) (Zip Code)

Phone #: _____Date of Birth: _____ SSN: _____

Primary Physician: _____

Father's Name: _____ SSN: _____ DOB: _____

Employer: _____ Work Ph #: _____ Cell Ph #: _____

Email Address: _____

Mother's Name: _____ SSN: _____ DOB: _____

Employer: _____Work Ph #: _____Cell Ph #: _____

Email Address: _____

Parents are: Married_____Separated _____ Divorced _____Unmarried_____

If parents are not married, who has legal custody of child?_____

Emergency Contact, if parent is not available: _____
(Name) (Phone)

Type of Insurance: Commercial Medicaid Self Pay (None)
(Please Circle All That Apply)

Who Carries Insurance on Child(ren):_____

If parents are not married who is responsible for the balance?

Name: _____

Address: _____

Phone:_____

If you have a two insurances (Primary and Secondary) you will need to fill out two insurance forms. With holding insurance information is fraud and are subject to prosecution.