



**Pediatric & Adolescent
Medicine**

Manish Dixit, M.D., F.A.A.P.

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Demographic Update

Dixit MD LLC
Dr. Manish Dixit M.D., F.A.A.P.

This update sheet must be completed and signed yearly for insurance billing purposes.

Child Information

Name[Last] _____ [First] _____ [M.I.] _____ [Birthdate] _____ [SSN] _____ M/F

Name[Last] _____ [First] _____ [M.I.] _____ [Birthdate] _____ [SSN] _____ M/F

Name[Last] _____ [First] _____ [M.I.] _____ [Birthdate] _____ [SSN] _____ M/F

Mailing Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone#: _____

Preferred Pharmacy _____ Child's School (If Applicable) _____

E-Mail Address: _____ (req'd if you would like access to online portal & email reminders)

Parent's Information (Mother, Father, or Legal Guardian) – REQUIRED

Mother's Name _____ Employer _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Date of birth _____ SSN _____

Father's Name _____ Employer _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Date of birth _____ SSN _____

Notify in case of Emergency other than parent's [Name] _____ [Relation] _____

[Phone] _____

Insurance Information

Name of Insurance Company _____

Insurance Company address _____

Policy Holder Name _____

Policy Holder Address _____ DOB _____ Phone _____

Policy Holder Employer _____

Policy # _____ Group # _____

This is a direct assignment of my rights and benefits under this policy. This payment will not exceed my indebtedness to the above mentioned assignee, and I agree to pay, in a current manner, any balance of said professional service charges over and above this insurance payment.

A photocopy of this agreement shall be considered as effective and valid as the original. I also authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in this case.

I have received a copy of HIPPA (Health Insurance Portability and Privacy Act) and agree to the policy.

Date on _____

At _____ Dr. Dixit's Office _____

Signature of Guarantor/Guardian

Witness