

**Universal Pediatric Associates, PC
422 Worcester Street, Suite 105
Wellesley, MA 02481
(781) 235-9737**

Registration Form

Children	1	2	3	4	5
First Name					
Last Name					
Date of Birth					
Address:					
Street					
City, State, Zip					
Email: _____					
			Mom		Dad
Home Phone					
Cell Phone					
Work Phone					
			Mom		Dad
Parents Names:					

Race:

- a) American Indian or Alaskan Native
- b) Asian
- c) African American or black
- d) Native Hawaiian or Pacific Islander
- e) White

Ethnicity:

- a) Hispanic or Latino
- b) Non Hispanic or Latino
- c) Patient Refusal

Preferred Language: _____

Insurance Name	Policy# and/or Group#

Guarantor (person who holds the insurance)

Name	
DOB	
SSN	
Address & Phone (if different)	

PCP (check one): **Dr. Milana Stavitsky** _____ **Dr. Rosina Mele** _____
I hereby give permission for my doctor to bill my insurance for all appropriate services:

(signature) _____ (print name) _____
I understand that I am liable for all charges not covered by my insurance:

(signature) _____ (date) _____