

ENROLLMENT FORM

Parent's Name (First/M.I./Last): _____

Address (Street/City/State/Zip): _____

Phone (Area code/No.): Home (____) _____ Business (____) _____ Cell (____) _____

Current Health Insurance Coverage:

Primary Insurance: _____

Policy Number: _____

Primary Policy Holder's Social Security #: _____

Child's Name

Date of Birth

1. _____

2. _____

3. _____

4. _____

5. _____

Method of Payment: Paid annually by:

___ Check/Money Order
Make check payable to: Pediatric Platinum Care, Inc.

___ Credit Card (Master Card/Visa)

Credit Card Account No. _____

Expiration Date (Month/Year) _____

Total Payment: _____

Signature: _____

Plan Participants:

First Child \$3,000

Second Child \$2,000

Third Child \$1,500

Fourth Child and Any Additional Children Free

PediatricSM
PLATINUM CARE

Pediatric Platinum Care, Inc.
1069 Kane Concourse
Bay Harbor, FL 33154

*For any further inquiries regarding enrollment plan, please call
Monica Machado, PPC Program Administrator at 305-864-5642 or
Fax 305-864-5643 or Email: pediatricplatinumcare@hotmail.com
Enroll online at www.pediatricplatinumcare.com*