

Your Confidential Information

PATIENT INFORMATION

Name: _____ SS# : _____ DOB _____ Male / Female

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Do you wish to be contacted by Email? Yes or No

Spouse: _____ Spouse Employer: _____ Phone: _____
(if applicable)

Name of Emergency Contact: _____ Phone: _____
(Not living with you)

Whom may we thank for referring you to our office? Phone Book, Friend or Relative Name: _____
Other: _____

RESPONSIBLE PARTY BILLING INFORMATION

Name: _____ SS# : _____ DOB: _____

Relationship to Patient: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____
Street City State Zip

Employer: _____ Occupation: _____

Employer Phone: _____ May we call you at work? Yes or No

Insurance Information

1st Insurance Co: _____ 2nd Insurance Co: _____

Policy Holder's Employer: _____ Policy Holder's Employer: _____

Policy Holder Name: _____ Policy Holder Name: _____

Policy Holder's ID/SS# _____ Policy Holder's ID/SS# _____

Policy Holder Date of Birth: _____ Policy Holder Date of Birth: _____

Group #: _____ Group #: _____

I certify that I am the patient or duly authorized general agent of the patient and have completely and fully furnished the information requested.

I understand that even though I may have insurance coverage, **I am responsible for payment of services.** Professional services are to be paid at the time services are rendered. If insurance is involved, our office will do our best to estimate your portion due at each appointment. However, if we do not receive payment from the insurance company within 60 days of submitting the claim, the responsible party will be sent a statement for all outstanding balances. All accounts that become 30 days or more past due will accrue interest at a rate of 1.5% per month. It is the policy in our office that the parent who request treatment for the child is responsible for all fees for services rendered. Further, I agree that any photos, models or records may be used for education and/or presentation purposes.

I have read the above and agree to the policies outlined therein.

Signature or Guardian's Signature

Date