

E-Mail Address: _____ How did you hear about our practice? _____

PATIENT INFORMATION		
First Name _____	Middle Initial _____	Last Name _____
Mailing Address _____	City/St _____	Zip _____
Birth Date _____	Boy _____ Girl _____	Primary # to call for appointment reminders # () _____

A COPY OF YOUR INSURANCE CARD IS REQUIRED, AND ALL INFORMATION ON THIS FORM MUST BE COMPLETED.

PRIMARY INSURANCE (MUST BE FILLED OUT COMPLETELY)			
Subscriber's Name _____	Mailing Address _____		
City/St _____	Zip _____	Birth Date _____	Relationship to Patient _____
Social Security # _____	Employer _____	Ins. Member ID# _____	
Group # _____	Name of Insurance _____		

SECONDARY INSURANCE (Write none, if applies)			
Subscriber's Name _____	Mailing Address _____		
City/St _____	Zip _____	Birth Date _____	Relationship to Patient _____
Social Security # _____	Employer _____	Ins. Member ID# _____	
Group # _____	Name of Insurance _____		

This section below MUST be completed to include: contact information for both parents.

Check one: <input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent	Check one: <input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent
Father's Name _____	Mother's Name _____
SS # _____ Birth Date _____	SS # _____ Birth Date _____
Primary # () _____ Work # () _____	Primary # () _____ Work # () _____
Home # () _____ Cell # () _____	Home # () _____ Cell # () _____
Complete, if address is different than child's listed above:	Complete, if address is different than child's listed above:
Mailing Address _____	Mailing Address _____
City _____ St _____ Zip _____	City _____ St _____ Zip _____

- I understand that, even though I may have some type of insurance and authorize this office to submit charges on behalf of my child, I am also responsible for payment. I hereby assign to the doctor, all payments for medical services rendered to my dependent. I am aware that **co payment is required at each visit**, and if there is no insurance coverage, **payment in full** is required for services provided unless prior payment arrangements have been discussed. I will also be responsible for all collection fees, should my account be assigned to a **Collection Agency**.

Signature _____ Date _____