

Personal Information:

First Name M.I. Last Name
Date of Birth Marital Status: Single Married Sex: Male Female
Home Address
City State ZIP Code
Home Phone Cell Phone
E-mail
Referred By
i.e. friend (name), website, Internet search, etc.

Emergency Contact

Name Phone

Insurance Information

Primary Insurance

Subscriber's Name
Subscriber's Birthdate ID or Social Security No.
Subscriber's Employer Group No.

Secondary Insurance

Subscriber's Name
Subscriber's Birthdate ID or Social Security No.
Subscriber's Employer Group No.

The above information is accurate and complete to the best of my knowledge and is only for the use in my treatment, billing and processing of insurance for benefits for which I am entitled. I understand that I am responsible for payment regardless of insurance coverage, and that finance charges will be applied to balances over 60 days. Credit bureau reports may be obtained. I have received a copy of the Notice of Privacy Practices, and consent to your use of my protected health information.

Signature of Patient/Parent

Date