Patient Name: ______________________________ A B C

Responsible Party Information

Name ____

Last First Middle

Residence ____

Street City State Zip

Mailing Address ____

Street City State Zip

How long at this address? _______ Home phone _______________ Work Phone ____________ Cell phone ___________

Previous Address (If less than 3 years) ____

Social Security # _______________________ Birth date _________________ Relationship to Patient _____________

Employer _________________________ Occupation _______________________ No. years employed _____________

Spouse's Name ____ Relationship to Patient ______________________

Employer _________________________ Occupation ___________________________ No. years employed __________

Social Security # _______________________ Birth date __________________ Work Phone________ ______________

Dental Insurance Information (please provide copy of cards if available)

Primary Insurance Company Name: ____ Group#: __________________

Insurance Company Address: ____ Phone #:_________________

Name of Insured: ____ Phone: _____________________

Address: ____

Date of Birth: _________________________ Social Security #: __________________________

For office use only:

Benefit available: _________________________ Banding Amount: ____________________

Summary of Payments: ____

____

Secondary Insurance Company Name: ____________________________________ Group #: ______________________

Insurance Company Address: ____ Phone #:_____________________

Name of Insured: ________________________ Phone: _____________________

Address: ____

Date of Birth: ____________________ Social Security #: ____________________

For office use only:

Benefit available: __________________ Banding Amount: ____________________

Summary of Payments: ____

Emergency Information

Name of nearest relative not living with you _______________________________________ Phone#: ________________

Complete address ____

Street City State Zip

I understand that where appropriate, credit bureau reports may be obtained.

Signature (Parent's signature if minor) ____