9/14/2010

PATIENT INFORMATION / CONTACT AUTHORIZATION

FATHER'S INFORMATION

LAST NAME______________________________________FIRST____________________________MIDDLE INITIAL________

ADDRESS____CITY______________________ST________ZIP___________

HOME PHONE____CELL PHONE____

EMPLOYER_______________________________OCCUPATION___________________WORK PHONE_____________________

SOCIAL SECURITY NO.________________________________ BIRTHDATE____

INSURANCE CARRIER.____ PRIMARY SECONDARY

PARENT'S MARITAL STATUS: SINGLE MARRIED WIDOWED DIVORCED SEPARATED

MOTHER'S INFORMATION

LAST NAME_______________________________________ FIRST_________________________MIDDLE INITIAL_________

MOTHER'S MAIDEN NAME____

ADDRESS____ CITY___________________________ST_________ZIP__________

HOME PHONE___________________________________ CELL PHONE____

EMPLOYER_________________________________ OCCUPATION_________________WORK PHONE____________________

SOCIAL SECURITY NO.____________________________ BIRTHDATE____

INSURANCE CARRIER____ PRIMARY SECONDARY

PARENT'S MARITAL STATUS: SINGLE MARRIED WIDOWED DIVORCED SEPARATED

WHAT IS YOUR PREFERRED WAY TO BE CONTACTED: (Circle All that Apply)

Home Phone Home Address Mom's Cell Dad's Cell Mom's Work Dad's Work Other ________________________

PLEASE LIST ALL CHILDREN WHO ATTEND THE PRACTICE INCLUDING PATIENT(S) SEEN TODAY

LAST NAME, FIRST NAME, MIDDLE INITIAL	BIRTHDATE	GENDER
1. ____	___________	________
2. ____	___________	________
3. ____	___________	________
4. ____	___________	________

FINANCIAL RESPONSIBILITY and CONTACT INFORMATION AUTHORIZATION

As a courtesy, our practice will file your claim electronically with your insurance company. You will be billed for charges not covered by your insurance company and payment is expected within thirty (30) days of receipt of our billing statement. Delinquent accounts may be placed with a collection agency. In the event that your unpaid balance is turned over to a collection agency for recovery, collection and attorney fees will be added to your balance. Returned checks will incur a $30.00 service fee.

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SIGNATURE DATE