PLEASE FILL OUT ENTIRE FORM

Patient Information

Name____Preferred name________________________

Address ______.____City____________St________Zip_________________

Birthdate___________________ SS#_____________________ Gender: [ ] M [ ] F Married: [ ] Y [ ] N

Cell Phone__________________ Home Phone__________________ Work Phone___________

(*Please provide at least 2 phone numbers for confirming appointments*)

Email____Employer____

Preferred contact method [ ] Hm Phone [ ] Wk Phone [ ] Wireless Ph [ ] Email

Nearest friend or relative not living with you ____Phone_____________________

How did you hear about us? ____

Responsible Party If Different from Above

Name____

Social Security #_________________________Birthdate_________________ Driver's License #___________________

Address____City_________________State________Zip______________

Best phone number to call___________________________ ***Alternate Phone number*** __________________________

Email________________________________Employer____________________________Employer Phone #____________

INSURANCE POLICY

Subscriber Name____ Subscriber ID # ______________________________

Subscriber date of birth ______________________________Subscriber SS#______________________________________

Employer ____Insurance Company _______________________________

(please provide subscriber address if different from above) ***Please present insurance card to receptionist***.

FINANCIAL AGREEMENT

- **ALL ACCOUNTS ARE DUE AND PAYABLE AT TIME OF SERVICE.**
- **Patients with insurance:** The PATIENT is responsible for the **ESTIMATED** non-covered portion of, procedures and/or deductibles at the time of the service. **We cannot and do not guarantee payment from your Insurance company.** If a balance is remaining after insurance processes and a pays for a claim, the patient is responsible for the remaining portion in full.
- **Billing Charges:** All accounts with a balance past 30 days may be subject to a $25.00 per month billing charge.
- **Missed Appointment Charges:** Missed appointments with less than 48 hours' notice may be subject to a $55.00 charge.
- Parents not accompanying their child to an appointment must make PRIOR arrangements for payment (cash, check or credit card authorization.
- ***I HAVE READ AND AGREE TO THE ABOVE FINANCIAL POLICY***

Patient or guardian signature____Date___________________