



**PATIENT INFORMATION / CONTACT AUTHORIZATION**

**INFORMATION FOR PARENT/GUARDIAN #1**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ 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

**INFORMATION FOR PARENT/GUARDIAN #2**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ 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

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

Home Phone    Home Address    Parent/Guardian #1 Cell    Parent/Guardian #2 Cell    Parent/Guardian #1 Work

Parent/Guardian #2 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 \$35.00 service fee.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE