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) ____