

Guardian/Parent #1

Name _____
Last First Middle
Address _____
City Zip
Employer _____ Occupation _____
Insurance Name _____
Insurance ID # _____
Home phone _____ Work phone _____
Cell phone _____
SS# _____ - _____ - _____ Date of Birth ____/____/____

Circle One: Male Female
Marital Status: Single Married Divorced Widowed

Guardian/Parent #2

Name _____
Last First Middle
Address _____
City Zip
Employer _____ Occupation _____
Insurance Name _____
Insurance ID # _____
Home phone _____ Work phone _____
Cell phone _____
SS# _____ - _____ - _____ Date of Birth ____/____/____

Circle One: Male Female
Marital Status: Single Married Divorced Widowed

Guardian/ Parent #1 email address _____

Guardian/ Parent#2 email address _____

Child resides with: Circle One: Guardian/ Parent#1 Guardian/ Parent#2 Both

The guardian/ parent who accompanies the child is responsible for payment at the time of service.

Payment to be made by:

Circle One: Check Cash Credit Card

If you have insurance, we will be happy to file it on your behalf however, the above guarantor is responsible for payment of any non covered procedures or differences in fees.

I understand that the information that I have given is correct to the best of my knowledge that it will be held in the strictest of confidence and it is my responsibility to inform this office of any changes in my child's account or medical status.

Signature of guardian/ parent _____ Date _____