

Primary Insurance and/or Person Responsible for Payment

Name: Mr. Mrs. Ms. _____
Last MI First

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone # (Home) _____ (Work) _____ (Cell) _____

Social Security Number: _____ Date of Birth: _____

Employer Name: _____

Employer Address: _____

Occupation: _____

Insurance Company: _____

Insurance Phone Number: _____

Group Number: _____ Contract Number: _____

Have you used your insurance this year? yes no

Spouse and/or Secondary Insurance

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone # (Home) _____ (Work) _____ (Cell) _____

Social Security Number: _____ Date of Birth: _____

Employer Name: _____

Employer Address: _____

Occupation: _____

Insurance Company: _____

Insurance Phone Number: _____

Group Number: _____ Contract Number: _____

To the best of my knowledge, the information above is correct. I realize that this office will provide insurance billing and assist with insurance benefits to the best of their knowledge, however, all charges for services and collection cost for untimely payments are ultimately my responsibility.

Signature (parent's if minor) **X** _____ Date: _____