Welcome

1 About Your Teen

Today's Date: ____/____/____ File #: ________

Teen's Name: ______________________ (LAST / FIRST / M.I.)

Teen's Nickname: ______________ ❑ Boy ❑ Girl

Teen's Birthdate: ____/____/____ Age: ________

School: ______________________ Grade: ______

Teen's Home Phone #: (______) ______________

Teen's SS#: ______________________

Teen's Address: ______________________ (HOME ADDRESS)

______________________ (CITY / STATE / ZIP)

Referred By: ______________________ (If doctor, please give address & phone number.)

____

2 Insurance Information

Primary Dental Insurance

Co. Name: ______________________

Address: ______________________

______________________ (CITY / STATE / ZIP)

Phone #: ______________________

Insured's ID#: ______________________

Group # (Plan, Local, or Policy #): ______________________

Insured's Name: ______________________

Relation: ____________ Date of Birth: ___/___/___

Insured's Employer: ______________________

Does either policy cover Orthodontics? ❑ Yes ❑ No

Secondary Dental Insurance

Co. Name: ______________________

Address: ______________________

______________________ (CITY / STATE / ZIP)

Phone #: ______________________

Insured's ID#: ______________________

Group # (Plan, Local, or Policy #): ______________________

Insured's Name: ______________________

Relation: ____________ Date of Birth: ___/___/___

Insured's Employer: ______________________

3 Teen's Family Information

Who is accompanying this teen today?

______________________ (FULL NAME (IF OTHER THAN PARENT)) ______________ (RELATION TO TEEN)

Do you have Legal Custody of this Teen? ❑ Yes ❑ No

How many Brothers/Sisters? ______ Age(s): _____ _____ _____

Mother's Name: ______________________ ❑ STEP MOTHER ❑ GUARDIAN

______________________ (**(❑ CHECK IF SAME AS TEEN'S)** HOME ADDRESS / CITY / STATE / ZIP)

(______)__________ HOME PHONE # (______)__________ WORK PHONE # ______ EXT.

______________ MOTHER'S SOCIAL SECURITY # ____/____/____ DATE OF BIRTH ______________ MOTHER'S DRIVERS LIC. #

Employer: ______________________ How Long? ______

______________________ (EMPLOYER'S ADDRESS / CITY / STATE / ZIP)

Father's Name: ______________________ ❑ STEP FATHER ❑ GUARDIAN

______________________ (**(❑ CHECK IF SAME AS TEEN'S)** HOME ADDRESS / CITY / STATE / ZIP)

(______)__________ HOME PHONE # (______)__________ WORK PHONE # ______ EXT.

______________ FATHER'S SOCIAL SECURITY # ____/____/____ DATE OF BIRTH ______________ FATHER'S DRIVERS LIC. #

Employer: ______________________ How Long? ______

______________________ (EMPLOYER'S ADDRESS / CITY / STATE / ZIP)

4 Account Information

Person ultimately responsible for account

Name: ______________________ ______________ (RELATION TO TEEN)

Billing Address: ______________________

______________________ (CITY / STATE / ZIP)

______________ SOCIAL SECURITY # ____/____/____ DATE OF BIRTH ______________ DRIVERS LIC. #

(______)__________ WORK PHONE #: ______ EXT. (______)__________ CELL PHONE #:

Payment method: ❑ Cash ❑ Check

______________________ ______/______

❑ Credit Card - Enter card # above (if accepted)

______ Initials I hereby authorize assignment of my insurance rights and benefits directly to the provider for services rendered. I fully understand I am solely responsible for any balance not paid by my insurance company (if offered at this office).

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