



\_\_\_ Annual Update \_\_\_ Insurance Change

How did you hear about our practice? \_\_\_\_\_

**PATIENT INFORMATION**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_ Home# (\_\_\_\_) \_\_\_\_\_

**A COPY OF YOUR INSURANCE CARD IS REQUIRED, AND ALL INFORMATION ON THIS FORM MUST BE COMPLETED.**

**PRIMARY INSURANCE**

Subscriber's Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Birthdate \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

**Soc Sec.#:** \_\_\_\_\_ **Employer** \_\_\_\_\_ **Ins. Member ID#** \_\_\_\_\_

Group # \_\_\_\_\_ Name of Insurance Co \_\_\_\_\_ Effective Date \_\_\_\_\_

**SECONDARY INSURANCE (Write none, if applies)**

Subscriber's Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Birthdate \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

**Soc Sec.#:** \_\_\_\_\_ **Employer** \_\_\_\_\_ **Ins. Member ID#** \_\_\_\_\_

Group # \_\_\_\_\_ Name of Insurance Co \_\_\_\_\_ Effective Date \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SS# \_\_\_\_\_ Birthdate \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SS# \_\_\_\_\_ Birthdate \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_

I understand that, even though I may have some type of insurance and authorize this office to submit charges on behalf of my child, I am also responsible for payment. I hereby assign to the doctor, all payments for medical services rendered to my dependent. I am aware that **co-payment is required at each visit**, and if there is no insurance coverage, **payment in full** is required for services provided unless prior payment arrangements have been discussed. **I will also be responsible for all collection fees, should my account be assigned to a Collection Agency.**

Signature \_\_\_\_\_ Date \_\_\_\_\_