

PLEASE PRINT

DATE \_\_\_\_\_

# PARENT Information Slip

MR.  
MRS.  
MISS

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER DATE OF BIRTH AGE DRIVER'S LICENSE NO.

\_\_\_\_\_  
ADDRESS STREET APT. # CITY STATE ZIP

\_\_\_\_\_  
HOME PHONE CELL PHONE MARITAL STATUS

\_\_\_\_\_  
EMPLOYED BY OCCUPATION BUS. PHONE

\_\_\_\_\_  
SPOUSE'S NAME EMPLOYED BY CELL PHONE BUS. PHONE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER DATE OF BIRTH DRIVER'S LICENSE NO.

### NAMES OF CHILDREN

### DATE OF BIRTH

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
NEAREST FRIEND OR RELATIVE NOT RESIDING WITH YOU RELATIONSHIP TO PATIENT PHONE

### MEDICAL INSURANCE INFORMATION

\_\_\_\_\_  
COMPANY SUBSCRIBER NO. POLICY NO.

\_\_\_\_\_  
COMPANY SUBSCRIBER NO. POLICY NO.

#### IF PAYMENT IS TO BE MADE TO PROVIDER, SIGN BELOW

#### PATIENT OR PARENT MUST SIGN BELOW

##### AUTHORIZATION TO PAY BENEFITS TO PROVIDERS

I hereby authorize payment of benefits directly to any providers of service, otherwise payable to me for services, but not to exceed the reasonable and customary charge for those services. I understand that I am financially responsible for any charges not covered by this authorization.

##### AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize any insurance company, prepayment organization, employer hospital or physician to release all information with respect to myself or any of my dependents which may have a bearing on the benefits payable under this or any other plan providing benefits or services. I hereby certify the information provided is correct and true to the best of my knowledge.

X \_\_\_\_\_  
INSURED DATE

X \_\_\_\_\_  
PATIENT OR PARENT (if minor) DATE

METHOD OF PAYMENT:  CASH  CHECK  CREDIT CARD (VISA/MC)

I understand that I am responsible for all services rendered. Should my account become delinquent and be referred to a third party collector, I will be responsible for payment of all reasonable collection and / or attorney fees necessary to collect the debt.

I have read and understand the above.

\_\_\_\_\_  
Guarantor Signature