

Child Patient Information

Child's First and Last Name: _____

Child's Date of Birth: _____ Child's Social Security Number: _____

Physical Address: _____

Mailing Address(if different than physical address): _____

Child's Primary Insurance: _____

Primary Insurance Card Holder Name, Date of Birth & Address: _____

Child's Secondary Insurance: _____

Name of School child attends: _____

Parent Information *please fill ALL information out for billing purposes. If we are not given all the correct information, claims will not process, and you will be responsible for any balances due. If patient is in foster care or in other placement, we still need ALL biological parents' information unless parent's rights have been terminated. Foster parent or guardian, please fill out your information on the next page as well. Please give front desk staff any paperwork showing guardianship. A copy will be made for the patient's file.*

Mother's First and Last Name: _____

Mother's Date Of Birth: _____ Mother's Social Security Number: _____

Physical Address: _____

Mailing Address (if different than physical address): _____

Best Phone Number to be reached at: (_____) _____

Email Address: _____

Place of Employment: _____

Address of Employer: _____

Phone Number of Employer: (_____) _____

Turn over

Father's First and Last Name: _____

Father's Date of Birth: _____ Father's Social Security Number: _____

Physical Address: _____

Mailing Address(if different than physical address): _____

Best Phone Number to be reached at: (_____) _____

Email Address: _____

Place of Employment: _____

Address of Employer: _____

Phone Number of Employer: (_____) _____

If child is in foster care, please fill out this portion as well

Guardian's First and Last Name: _____

Guardians Date of Birth: _____ Guardian's Social Security Number: _____

Physical Address: _____

Mailing Address (if different than physical address): _____

Best Phone Number to be reached at: (_____) _____

Email Address: _____

Place of Employment: _____

Address of Employer: _____

Phone Number of Employer: (_____) _____