

PARENT INFORMATION

Mother's Name:		
Phone:		Cell Phone:
Address:		
City:	State:	Zip:
Marital Status	Birthday:	SSN:
Driver's License Number:		
Employer:		Occupation:
Business Address:		
City:	State:	Zip:
Business Phone:		E-Mail:

Father's Name:		
Phone:		Cell Phone:
Address:		
City:	State:	Zip:
Marital Status	Birthday:	SSN:
Driver's License Number:		
Employer:		Occupation:
Business Address:		
City:	State:	Zip:
Business Phone:		E-Mail:

Guardian's Name (if applicable):		
Phone:		Cell Phone:
Address:		
City:	State:	Zip:
Marital Status	Birthday:	SSN:
Driver's License Number:		
Employer:		Occupation:
Business Address:		
City:	State:	Zip:
Business Phone:		E-Mail:
Do you have legal custody of this child?		Yes No

EMERGENCY INFORMATION

Name of Relative Not Living With You:		
Phone:		Cell Phone:
Address:		
City:	State:	Zip:

INSURANCE INFORMATION

Primary Dental Insurance Co. Name:		
Phone:	Group Number (Plan or Policy)	
Address:		
City:	State:	Zip:
Insured's Name:		SSN:

Secondary Dental Insurance Co. Name:		
Phone:	Group Number (Plan or Policy)	
Address:		
City:	State:	Zip:
Insured's Name:		SSN:

Due to potential acquisition of other patients protected health information (PHI), recording any part of or your visit to our office is strictly prohibited.

INSURANCE ASSIGNMENT AND RELEASE

I certify that my dependent is covered by insurance with _____
(name of insurance company) and assign directly to Dr. Mayes all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions. The above-named doctor may use my minor/child's health care information and may disclose such information to the above-named insurance company(ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services.

Date: _____

Signature of Parent, Guardian or Personal Representative

Please print name of Parent, Guardian or Personal Representative

Relationship to child