

Patient Account Number: \_\_\_\_\_

## Patient Update Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M or F  
First Middle Last Month Day Year

Legal Guardian or Parent Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M or F  
First Middle Last Month Day Year

Home Address: \_\_\_\_\_  
Street# Street Name Apt#  
\_\_\_\_\_  
City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Patient Insurance

Name of Insured Adult \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address; City & State, Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name of Insurance \_\_\_\_\_

Insurance ID# \_\_\_\_\_ Group# \_\_\_\_\_

Employer: \_\_\_\_\_

Social Security # \_\_\_\_\_

Patient relationship to policy owner:       Self  Child  Other: \_\_\_\_\_

It is the policy of this office that only Primary insurance is filed on your behalf.

***Please present insurance card and photo ID to the receptionist so copies may be made.***

In order to establish optimal relations with our patients and avoid misunderstanding regarding our payment policies, our staff is trained to inform you of the financial polices of this office. PAYMENT IS EXPECTED FROM YOU, AT THE TIME OF SERVICE, FOR "YOUR PART" OF THE CHARGES. WE ACCEPT VISA, DISCOVER AND MASTERCARD FOR YOUR CONVENIENCE. Your signature below indicates that you understand and accept this policy. Further, your signature authorizes the Doctor to release such medical information necessary to process your insurance claims (if any). You herein authorize payment of medical benefits to the Doctor when an assigned claim is filed.

It is the policy of this office that the adult presenting the child for treatment is responsible for payment of the patient portion at the time of service.

  X    
Signature of parent or legal guardian/Responsible party

\_\_\_\_\_  
Today's Date

Please list any person that may have access to this account. This office will not speak to or release any information to anyone not listed below:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____