

**Patient Information**

Name \_\_\_\_\_ Sex: ( ) Male ( ) Female  
DOB \_\_\_\_\_ SSN \_\_\_\_\_  
Are you the patient's legal guardian? (Y) (N)

**Parent's Information**

Father's Name \_\_\_\_\_ DOB \_\_\_\_\_  
SSN \_\_\_\_\_ DL# \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ DOB \_\_\_\_\_  
SSN \_\_\_\_\_ DL# \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Billing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Would you like to be confirmed via text or email? (Y) (N)**

Best number to send text's to: \_\_\_\_\_  
Email: \_\_\_\_\_

**Medical Insurance**

Insurance Company Name \_\_\_\_\_  
Claims Address \_\_\_\_\_  
Phone \_\_\_\_\_ Group Number \_\_\_\_\_ ID Number \_\_\_\_\_  
Insured's Name \_\_\_\_\_ Relation to Patient \_\_\_\_\_  
Insured's DOB \_\_\_\_\_ SSN \_\_\_\_\_ Employer \_\_\_\_\_

**Dental Insurance**

Insurance Company Name \_\_\_\_\_  
Claims Address \_\_\_\_\_  
Phone \_\_\_\_\_ Group Number \_\_\_\_\_ ID Number \_\_\_\_\_  
Insured's Name \_\_\_\_\_ Relation to Patient \_\_\_\_\_  
Insured's DOB \_\_\_\_\_ SSN \_\_\_\_\_ Employer \_\_\_\_\_

**I understand that even though I have some insurance coverage, I am responsible for payment of services. I authorize release of information to my insurance company and referring dentist/physician. I hereby authorize my insurance company to release payment directly to James B. Phillips, MS, DDS, FICD, FAACS, PA. I have completed this form fully and certify that I am the patient and /or dully authorized agent of the patient authorized to furnish the information request. I hereby acknowledge that I have received a copy of these practices, notice of privacy practices. I have been given the opportunity to ask any questions I may have regarding this notice.**

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