

**PATIENT INFORMATION**

Date: \_\_\_\_\_  
Patient Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Night Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Patient's Social Security Number: \_\_\_ - \_\_\_ - \_\_\_  
E-mail Address: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Referred to this office by: Friend/Relative Yellow Pages Insurance Company Other

**INSURANCE INFORMATION**

Who is responsible for this account? \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Group Number: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Subscriber's Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_ Social Security Number: \_\_\_ - \_\_\_ - \_\_\_  
Relationship to patient: \_\_\_\_\_  
Is patient covered by additional insurance? Yes No  
Insurance Company: \_\_\_\_\_  
Group Number \_\_\_\_\_ ID Number \_\_\_\_\_  
Subscriber's Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_ Social Security Number: \_\_\_ - \_\_\_ - \_\_\_  
Relationship to Patient: \_\_\_\_\_  
Name of Pediatrician: \_\_\_\_\_ Location of Pediatrician \_\_\_\_\_

**ASSIGNMENT AND RELEASE**

I, the undersigned certify that I (or my dependent) have insurance coverage with \_\_\_\_\_ and assign directly to Dr. \_\_\_\_\_ 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 hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

I also hereby authorize Dr. \_\_\_\_\_ and whomever she may designate as assistants to administer chiropractic care as deemed necessary for \_\_\_\_\_ (name of child).

I give Dr. \_\_\_\_\_ permission to contact my child's pediatrician regarding his/her care? Yes No

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Relationship