

CLIENT INFORMATION

Name _____ Date of Birth _____

Street Address _____

City _____ State _____ ZIP _____

Phones (home) _____ (cell) _____

If client is a minor, parents' or guardians' names _____

Relationship to the insured person: Self _____ Spouse _____ Child _____

RESPONSIBLE PARTY AND INSURANCE INFORMATION

Primary Insurance _____ Policy Number _____

Employer _____ Insured's Name _____

Date of Birth _____ Social Security Number _____

Deductible Amount _____ Co-payment Amount _____ Co-insurance % _____

Secondary Insurance _____ Policy Number _____

Employer _____ Insured's Name _____

Date of Birth _____ Social Security Number _____

Deductible Amount _____ Co-payment Amount _____ Co-insurance % _____

****Please be advised that all payments are due in time of service.**

EMERGENCY CONTACT INFORMATION

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

Signature _____ Date _____

Please Print Name _____ Relationship to Client _____