



## Dependent Information

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
                            First                              Last                              Preferred

## Responsible Party Information

Responsible Party Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
  First                              Last

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Driver's License #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_  
                            Street                              Apt#                              City                              State                              Zip Code

Phone #: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Divorce or Custody Case Policy

- The parent or guardian who brings the patient into our office will be held financially responsible, regardless of the provisions in the divorce decree, or who has custody, or who has the insurance.

\_\_\_\_\_  
Responsible Party's Signature

\_\_\_\_\_  
Date