

**Parent/Guardian Information**

**Mother** (full name) \_\_\_\_\_

Check if you are Mother \_\_\_\_ Step Mother \_\_\_\_ Legal Guardian \_\_\_\_ Other \_\_\_\_\_

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

Hm phone: \_\_\_\_\_ Wk phone: \_\_\_\_\_ X \_\_\_\_\_ Cell: \_\_\_\_\_

SS #: \_\_\_\_\_ Drivers License St & # \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail: \_\_\_\_\_ Employer: \_\_\_\_\_

**Father** (full name) \_\_\_\_\_

Check if you are Father \_\_\_\_ Step Father \_\_\_\_ Legal Guardian \_\_\_\_ Other \_\_\_\_\_

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

Hm phone: \_\_\_\_\_ Wk phone: \_\_\_\_\_ X \_\_\_\_\_ Cell: \_\_\_\_\_

SS #: \_\_\_\_\_ Drivers License St & # \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail: \_\_\_\_\_ Employer: \_\_\_\_\_

Nearest relative not living with you. Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to patient \_\_\_\_\_

**Primary Dental Insurance Information**

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_

Group #: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

Subscriber's ID #: \_\_\_\_\_

Subscriber's Date of Birth: \_\_\_\_\_

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

**Secondary Dental Insurance Information**

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_

Group #: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

Subscriber's ID #: \_\_\_\_\_

Subscriber's Date of Birth: \_\_\_\_\_

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

\* Please be aware, secondary insurance may not cover the balance of charges after your primary insurance pays. You may have a portion to pay for treatment.

**PLEASE NOTE: Your insurance is billed as a courtesy; you are responsible for your child's account**

I understand that the information that I have given is correct to the best of my knowledge, that it will be held in the strictest of confidence and it is my responsibility to inform this office of any changes in my child's medical status.

I authorize the Children's Landing Pediatric Dentistry and associates to perform the necessary dental services my child may need.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date