

**WELCOME TO THE NORTH JERSEY ORTHODONTICS**

**PARENT / GUARDIAN INFORMATION**

Who is accompanying your child today?

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Do you have legal custody of this child? (circle one)    Yes            No

Parent's Marital Status (circle one):    Single    Widowed    Married    Separated    Divorced

Whom may we thank for referring you? \_\_\_\_\_

Who is responsible for making appointments?

Name: \_\_\_\_\_

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

**\*MOTHER'S INFORMATION**

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Soc. Sec.#: \_\_\_\_\_

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

Driver's License #: \_\_\_\_\_

**\*FATHER'S INFORMATION**

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

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

SS#: \_\_\_\_\_

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

Driver's License #: \_\_\_\_\_

**\*\*\*North Jersey Orthodontics policy is that the person accompanying the child is ultimately responsible for payment.**

Many company health insurance policies include an orthodontics plan. If you have questions about this kind of coverage, we may be able to answer them. As a service, our business manager will process your forms and help solve any problems that arise. We will do everything we can do to maximize the insurance benefits you are entitled to receive.

**\*PERSON RESPONSIBLE FOR ACCOUNT**

Name: \_\_\_\_\_

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

Billing

Address: \_\_\_\_\_

**\*PRIMARY ORTHODONTIC INSURANCE**

Insurance Company

Name: \_\_\_\_\_

Insurance Company

Address: \_\_\_\_\_

Insurance Company Phone: \_\_\_\_\_

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

Insured's Name: \_\_\_\_\_ (Plan, Local or Policy #) \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Insured's Employer: \_\_\_\_\_

**\*SECONDARY ORTHODONTIC INSURANCE:**

Insurance Co. Name: \_\_\_\_\_ Group # (Plan, Local or Policy #) \_\_\_\_\_