

Butler Hill Dental

Spouse or Responsible Party Information

Name – Last _____ First _____ MI _____ Preferred _____
Male _____ Female _____ Child _____ Single _____ Married _____ Separated _____ Divorced _____ Widowed _____
Birth date _____ Social Security # _____ Relationship to patient _____
Cell# _____ Home# _____ Work# _____ Ext _____
Address – Street _____ Apt# _____
City _____ State _____ Zip Code _____

Insurance Information

Name of Insured – Last _____ First _____ MI _____
Insured's relationship to patient _____ Birth Date _____
Social Security# _____ Is Insured a patient? Yes _____ No _____
Insured's Address – Street _____ State _____ Zip Code _____
Insured's Employer _____
Employer Address – Street _____
City _____ State _____ Zip Code _____
Insurance Company Name _____
Address – Street _____
City _____ State _____ Zip Code _____
Insurance ID# _____ Group # _____

Name of Insured – Last _____ First _____ MI _____
Insured's relationship to patient _____ Birth Date _____
Social Security# _____ Is Insured a patient? Yes _____ No _____
Insured's Address – Street _____ State _____ Zip Code _____
Insured's Employer _____
Employer Address – Street _____
City _____ State _____ Zip Code _____
Insurance Company Name _____
Address – Street _____
City _____ State _____ Zip Code _____
Insurance ID# _____ Group # _____

Name of Insured – Last _____ First _____ MI _____
Insured's relationship to patient _____ Birth Date _____
Social Security# _____ Is Insured a patient? Yes _____ No _____
Insured's Address – Street _____ State _____ Zip Code _____
Insured's Employer _____
Employer Address – Street _____
City _____ State _____ Zip Code _____
Insurance Company Name _____
Address – Street _____
City _____ State _____ Zip Code _____
Insurance ID# _____ Group # _____

***If patient is a child, who do they primarily reside with?** _____

***Is there a court order assigning responsibility to carry Insurance?** _____

***If so, who is named as responsible?** _____

***Please note, we will need copies of any court orders and/or guardianship papers to have on file in patient's medical records ***