

# Welcome to SUPER BRACES!

We are very pleased to welcome you to our office. We are sure that your experience in our office will be fabulous! Please take a few minutes to fill out this form as completely as you can. If you have any questions, we (or the orthodontist) will be glad to help you.

## Personal Information

Patient Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Gender: (Male or Female): \_\_\_\_\_

To be called: (First/Nickname): \_\_\_\_\_

Pronouns: \_\_\_\_\_ (He/She)

Birthdate: (MM/DD/YYYY): \_\_\_\_\_

Social Security #: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Student status (Non-student/Full-time/Part-time): \_\_\_\_\_

Marital status: (Single/Married/Divorced/Widowed): \_\_\_\_\_

Phones (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Address (Number/Street): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address (Parent/Responsible): \_\_\_\_\_

How to you prefer to be contacted by us (Phone-Which?/Text Message/Email): \_\_\_\_\_

## Insurance Information

### Primary Insurance

You relationship to subscriber (Self/Spouse/Child): \_\_\_\_\_

Subscriber name: \_\_\_\_\_ Subscriber ID# \_\_\_\_\_

Insurance company: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Group name: \_\_\_\_\_ Group #: \_\_\_\_\_

### Secondary Insurance

You relationship to subscriber (Self/Spouse/Child): \_\_\_\_\_

Subscriber name: \_\_\_\_\_ Subscriber ID# \_\_\_\_\_

Insurance company: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Group name: \_\_\_\_\_ Group #: \_\_\_\_\_

## Authorization

I certify that I am covered by the Insurance Company(ies) listed above, and I assign all insurance benefits otherwise payable to me. I understand that I am responsible for payment of services rendered and also responsible for paying any copayment and deductible that my insurance does not cover. I hereby authorize the orthodontist to release all my information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions, whether manual or electronic.

\_\_\_\_\_  
Signature (Who Signs Must Be 18 years or Older)

\_\_\_\_\_  
Date (MM/DD/YYYY)