

Date \_\_\_\_\_

## Confidential Responsible Party Information

A B C

Name _____ <small>Last First Middle</small>	Marital Status _____
Residence _____ <small>Street City State Zip</small>	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Mailing Address _____ <small>Street City State Zip</small>	
How long at this address _____	Home Phone _____ Work Phone _____
Previous Address (if less than 3 yrs.) _____ <small>Street City State Zip</small>	
Social Security # _____	Birthdate _____ Relationship to Patient _____
Employer _____	Occupation _____ No. Years Employed _____
<b>Spouse's Name</b> _____ <small>Last First Middle</small>	Relationship to Patient _____
Employer _____	Occupation _____ No. Years Employed _____
Social Security # _____	Birthdate _____ Work Phone _____

## Confidential Patient Information

Patient's Name _____ <small>Last First Middle</small>		
Address _____ <small>Street City State Zip</small>		
Home Phone _____	Birthdate _____	Social Security # _____
If patient is a minor, give parent's or guardian's name _____		
Whom may we thank for referring you to our office? _____		

## Insurance Information

Policy Holder's Name _____	and Soc.Sec. # _____
Insurance Company _____	Group No. _____ Union Local No. _____
Insurance Co. Address _____	Insurance Co. Phone _____
Policy Holder's Employer _____	
Do you have dual coverage? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes:	
Policy Holder's Name _____	and Soc. Sec. # _____
Insurance Company _____	Group No. _____ Union Local No. _____
Insurance Co. Address _____	Insurance Co. Phone _____
Policy Holder's Employer _____	

## Emergency Information

Name of nearest relative not living with you _____	
Complete Address _____	
Phone _____	Relationship: _____

I understand that where appropriate, credit bureau reports may be obtained. I hereby authorize OrthoBanc, LLC, on behalf of William J. Trepp DCS PA to obtain a copy of my credit report from a credit reporting agency for the purpose of considering payment options. Signature (Parent's signature if minor) \_\_\_\_\_ Date \_\_\_\_\_