

TAYLOR BROOK DENTAL ASSOCIATES, P.A.
MINOR PATIENT DATA SHEET

Last Name	First Name	Middle Initial	Date of Birth

There are many changes that can occur between visits to Taylor Brook Dental Associates. We have found that updating the information of minor patients upon each visit to TBDA has helped to alleviate problems with changes in legal guardians, responsible parties, or the ability for TBDA to discuss the dental care of said minor patient with the appropriate parties.

Primary Legal Responsible Party Address:

Secondary Legal Responsible Party (if applicable):

Name: _____

Name: _____

Street/PO Box: _____

Street/PO Box: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Mobile Phone: _____

Mobile Phone: _____

Email: _____

Email: _____

*Please note that TBDA will only add/bill the Primary Responsible Party. It is their responsibility to copy and share bills/medical information as needed with other parties.

I authorize TBDA to send medical information to insurers and providers outside of the practice when necessary, to obtain payment for treatment rendered and for continuity of care. <input type="checkbox"/> Yes <input type="checkbox"/> No	I give permission to TBDA to leave medical information on voice mail if unavailable. <input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <p>Social Security Number</p> <p>____-____-____</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> </div>
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INSURANCE INFORMATION

Please Note: WE ARE UNABLE TO ACCEPT MAINE CARE

Does the minor patient you have dental insurance: No Yes

There have been no changes to the insurance coverage since my last visit:

Payment is expected in full at time of service. Patients with dental insurance are expected to pay any co-payment at the time of service. Finance charges of 1.5% per month will be charged on all past due accounts. We accept all major credit cards, checks and cash.

Patient/Guardian Signature

Date