

# FREDA & SURIANO, ORTHODONTICS, P.A.

NJ State Specialty License Numbers- #3386, #3386

1310 Broad Street - Bloomfield - NJ - (973) 748-2248

191 Main Street - Chester- NJ - (908) 879-0987

122 Morristown Road- Bernardsville- NJ - (908) 766-1252

2A Doctors Park Seber Road - Hackettstown- NJ - (908) 852-1252

## PATIENT HISTORY

Date : \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Birthday: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ How were you referred to this office? \_\_\_\_\_

Emergency contact name and phone number: \_\_\_\_\_

## RESPONSIBLE PARTY FOR PAYMENT

Party responsible for payment: \_\_\_\_\_

Relation to patient: \_\_\_\_\_ Responsible party's birthday \_\_\_\_\_

Responsible party's SS # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Drivers License Number: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone # (if different from above): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Buss.Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_

## INSURANCE INFORMATION - (Orthodontic Insurance Only)

### **Primary Insurance:**

Subscriber's Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Address \_\_\_\_\_ Birthday \_\_\_\_\_

Insurance Co. Name: \_\_\_\_\_

Group #: \_\_\_\_\_ Ins. Co. Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: (where to submit claims -very important!) \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer's Address: \_\_\_\_\_

### **Secondary Insurance:**

Subscriber's Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Address \_\_\_\_\_ Birthday \_\_\_\_\_

Insurance Co. Name: \_\_\_\_\_

Group #: \_\_\_\_\_ Ins. Co. Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: (where to submit claims -very important!) \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer's Address: \_\_\_\_\_



