

Paul I. Rubin D.D.S., P.A.

Frisco Kids Dentistry

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Insurance and Responsible Party Information

Responsible Party Information

Date: _____

Patient (s) name: _____ D.O.B. _____

Name of Person Responsible for Account: _____

Relationship to Patient: _____ Date of Birth: _____

Social Security #: _____ Driver's License#: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Address: _____
Street Apt# City State Zip Code

Insurance Information

Name of Insured: _____ Insured Date of Birth: _____

Insured's SSN or ID# _____ Group# _____

Insured's Address: _____
Street Apt# City State Zip Code

Insured's Employer Name: _____

Patients Relationship to insured: ___Self ___Spouse ___Child ___Other

Dental Insurance Plan Name and Address: _____

Insurance Company Telephone Number: _____