

## Demographics and Insurance Disclosure

**Child's Name:** \_\_\_\_\_ Nickname: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender (circle one): Male Female  
Child's Address(Street): \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_  
Referred by: (Name) \_\_\_\_\_ (City) \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
SS #(father): \_\_\_\_\_ (Circle one): Married Single Divorced  
Address: \_\_\_\_\_  
Telephone (home): \_\_\_\_\_ (work): \_\_\_\_\_  
Employer (father): \_\_\_\_\_ (Circle one): Hourly Salary  
Ins. Co. (dental): \_\_\_\_\_ (policy #) \_\_\_\_\_  
Ins. Co. (Address): \_\_\_\_\_ (phone #) \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
SS #(mother): \_\_\_\_\_ (Circle one): Married Single Divorced  
Address: \_\_\_\_\_  
Telephone (home): \_\_\_\_\_ (work): \_\_\_\_\_  
Employer (mother): \_\_\_\_\_ (Circle one): Hourly Salary  
Ins. Co. (dental): \_\_\_\_\_ (policy #) \_\_\_\_\_  
Ins. Co. (Address): \_\_\_\_\_ (phone #) \_\_\_\_\_

**\*\*If Parent Not Responsible for Insurance and Payment**

**Guardian's Name:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone (home): \_\_\_\_\_ (work): \_\_\_\_\_  
SS #(guardian): \_\_\_\_\_ (Circle one): Married Single Divorced  
Employer (guardian): \_\_\_\_\_ (Circle one): Hourly Salary  
Ins. Co. (dental): \_\_\_\_\_ (policy #) \_\_\_\_\_  
Ins. Co. (Address): \_\_\_\_\_ (phone #) \_\_\_\_\_

## Demographics and Insurance Disclosure

**Child's Name:** \_\_\_\_\_ Nickname: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender (circle one): Male Female  
Child's Address(Street): \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_  
Referred by: (Name) \_\_\_\_\_ (City) \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
SS #(father): \_\_\_\_\_ (Circle one): Married Single Divorced  
Address: \_\_\_\_\_  
Telephone (home): \_\_\_\_\_ (work): \_\_\_\_\_  
Employer (father): \_\_\_\_\_ (Circle one): Hourly Salary  
Ins. Co. (dental): \_\_\_\_\_ (policy #) \_\_\_\_\_  
Ins. Co. (Address): \_\_\_\_\_ (phone #) \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
SS #(mother): \_\_\_\_\_ (Circle one): Married Single Divorced  
Address: \_\_\_\_\_  
Telephone (home): \_\_\_\_\_ (work): \_\_\_\_\_  
Employer (mother): \_\_\_\_\_ (Circle one): Hourly Salary  
Ins. Co. (dental): \_\_\_\_\_ (policy #) \_\_\_\_\_  
Ins. Co. (Address): \_\_\_\_\_ (phone #) \_\_\_\_\_

**\*\*If Parent Not Responsible for Insurance and Payment...**

**Guardian's Name:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone (home): \_\_\_\_\_ (work): \_\_\_\_\_  
SS #(guardian): \_\_\_\_\_ (Circle one): Married Single Divorced  
Employer (guardian): \_\_\_\_\_ (Circle one): Hourly Salary  
Ins. Co. (dental): \_\_\_\_\_ (policy #) \_\_\_\_\_  
Ins. Co. (Address): \_\_\_\_\_ (phone #) \_\_\_\_\_

**Dr. Arnold Golnick  
Dr. Michelle Tiberia**

**Dr. Jason Golnick  
Dr. Andreina Castro**

**2300 Haggerty Rd. #1180  
West Bloomfield, MI 48323  
(248) 668-0022**

**21213 Ecorse Rd.  
Taylor, MI 48180  
(313) 292-7777**

Dear Patient,

Due to the constant changes in insurance policies, it is no longer an easy task to interpret individual coverage and determine financial responsibilities. Although we strive to stay aware of policy changes, it is not always possible and very difficult.

**Thus, it is your responsibility to understand your own insurance coverage.** Any questions about your coverage, deductibles, or insurance policies should be directed toward your insurance carrier and employer.

Failing to comply with this suggestion could result in you, the legal guardian or responsible party, being responsible for all costs incurred. Please remember, your insurance policy is an agreement between you and your employer or company and not with the insurance company and your doctor. Keeping this in mind, we will attempt to aid you in resolving conflicts whenever possible.

All co-payments, deductibles, behavior management fees and any unpaid balances must be paid in full before any treatment or services are provided. We accept credit cards, checks, and cash. Payment arrangements may be made in advance.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

OVER

**Dr. Arnold Golnick  
Dr. Michelle Tiberia**

**Dr. Jason Golnick  
Dr. Andreina Castro**

**2300 Haggerty Rd. #1180  
West Bloomfield, MI 48323  
(248) 668-0022**

**21213 Ecorse Rd.  
Taylor, MI 48180  
(313) 292-7777**

Dear Patient,

Due to the constant changes in insurance policies, it is no longer an easy task to interpret individual coverage and determine financial responsibilities. Although we strive to stay aware of policy changes, it is not always possible and very difficult.

**Thus, it is your responsibility to understand your own insurance coverage.** Any questions about your coverage, deductibles, or insurance policies should be directed toward your insurance carrier and employer.

Failing to comply with this suggestion could result in you, the legal guardian or responsible party, being responsible for all costs incurred. Please remember, your insurance policy is an agreement between you and your employer or company and not with the insurance company and your doctor. Keeping this in mind, we will attempt to aid you in resolving conflicts whenever possible.

All co-payments, deductibles, behavior management fees and any unpaid balances must be paid in full before any treatment or services are provided. We accept credit cards, checks, and cash. Payment arrangements may be made in advance.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

OVER