



BRUCE C. TOILLION, D.D.S.
CHARLES E. TOILLION, D.D.S.
ANDREW H. GARABEDIAN, D.D.S.
DAVID B. TOILLION, D.D.S.
CHRISTOPHER W. HERZOG, D.D.S.

Mother's Name _____ Soc. Sec. # _____ Birthdate _____
(Last) (First) (Middle)

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell # _____ E-Mail _____

Employer _____ Work Phone # _____ Ext. _____

Occupation _____ How Long? _____

Marital Status: Married Single Divorced Separated Widowed

Father's Name _____ Soc. Sec. # _____ Birthdate _____
(Last) (First) (Middle)

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell # _____ E-Mail _____

Employer _____ Work Phone # _____ Ext. _____

Occupation _____ How Long? _____

Marital Status: Married Single Divorced Separated Widowed

Legal Guardian _____ Soc. Sec. # _____ Birthdate _____
(If Applicable) (Last) (First) (Middle)

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell # _____ E-Mail _____

Employer _____ Work Phone # _____ Ext. _____

Occupation _____ How Long? _____

Child resides with: Mother Father Both Legal Guardian

PRIMARY INSURANCE

SECONDARY INSURANCE

Subscriber _____

Subscriber _____

Soc. Sec. _____

Soc. Sec. _____

Insurance Co. Name _____

Insurance Co. Name _____

Group # _____

Group # _____

As a courtesy to you we will be happy to bill your dental insurance for you provided you have completed this form in its entirety.

I hereby authorize my insurance benefits to be paid directly to The Children's Choice. I understand I am financially responsible for noncovered services, as well as any remaining balance after my insurance company has paid.

Legally Responsible Person _____ Date _____