Rappahannock Foot & Ankle Specialists

PARENT/GUARDIAN INSURANCE HOLDER ACKNOWLEDGEMENT

Patient Name: _____

Insurance Subscriber Name: _____

Relationship to Patient: _____

Parents/Guardians/Insurance subscribers holding policies for their child/dependent even if they are age 18 and over are responsible for any unpaid balance on the account. We require both parents personal and work information for our files. Please fill out the information below. Thank you.

Mother/Guardian Information:

Name: _____ DOB: _____ SSN: _____

Address: _____

Home #: _____ Cell #: _____ Work #: _____

Employer: _____

Employer Address: _____

Father/Guardian Information:

Name: _____ DOB: _____ SSN: _____

Address: _____

Home #: _____ Cell #: _____ Work #: _____

Employer: _____

Employer Address: _____

_____ _____

Parent/Guardian Signature Date

195 Falcon Drive, Fredericksburg, VA 22408 ** Phone: (540) 371-2724 ♦ Fax: (540) 371-5072
450 Garrisonville Road, Ste 115, Stafford, VA 22554 ** Phone: (540) 720-0674 ♦ Fax: (540) 720-8044