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INSURANCE INFORMATION

Please bring your insurance card and cash/check for your copay or deductible to your first visit. Thanks. If you have a PPO with a deductible and have not met the deductible, you will need to pay in full until the deductible is confirmed and met. If for any reason your insurance does not pay for services rendered, you accept liability for treatment costs. We as a courtesy will electronically bill your insurance, but you may wish to know your coverage prior to commencing treatment.

Patient Name: _____

Birth Date: _____

Address: _____

Home Phone: _____

Cellular Phone: _____

Insurance ID #: _____

Group Number: _____

Subscriber Name: _____

Subscriber Birthdate: _____

My signature acknowledges that I have provided valid insurance information and that I am responsible for payment (including deductible/copay) should insurance not pay for any reason.

Signature

Date