

DUAL INSURANCE QUESTIONNAIRE

Patient Name:	PT Date of Birth:
Subscriber 1:	Subscriber 2:
Carrier:	Carrier:
ID:	ID:
DOB :	DOB:

Circle your answer: Is your home the primary residence of the patient: YES NO

Circle the relationship option below that best describes the Subscriber's relationship to the patient:

1. Two biological parents
2. Two legal guardians
3. One biological parent with one legal guardian
4. One biological parent or one legal guardian with one step parent
5. Two step parents
6. Other: _____

Circle one answer for each question:

Do both of the subscribers live at the same address? YES NO N/A

Are both of the subscribers legally married? YES NO N/A

Is there a court order for custody of the patient? YES NO N/A

Does this court order state who is to maintain insurance coverage for the patient? YES NO N/A

If yes, who is the responsible party? _____

Does this court order state who has what percentage Of custody? YES NO N/A

If yes, who has the highest percentage of custody? _____

Whos address appears on the patient's school records? _____

Parent/ Guardian signature

Date

Relationship: _____