SURGICAL GROUP OF SOUTH LAGUNA

LAST NAME: _____

FIRST NAME: _____ MIDDLE: _____

BIRTHDATE: _____ AGE: _____ SSN: _____

PHONE NUMBERS: HOME/WORK _____ CELL_____

**** I AM FULLY AWARE THAT A CELL PHONE IS NOT A SECURE AND PRIVATE LINE****

ADDRESS: _____

CITY / STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

MARITIAL STATUS: SINGLE_____MARRIED_____DIVORCED_____WIDOWED_____

PRIMARY CARE PHYSICIAN: _____ PHONE NUMBER: _____

REFERRING PHYSICIAN: _____ PHONE NUMBER: _____

RESPONSIBLE PARTY (INSURANCE CARDHOLDER):

NAME: _____ DATE OF BIRTH: _____

I AUTHORIZE THE RELEASE OF ANY INFORMATION INCLUDING THE DIAGNOSIS AND THE RECORDS OF ANY TREATMENT OR EXAMINATION RENDERED TO ME OR MY CHILD DURING THE PERIOD OF SUCH CARE TO THIRD PARTY PAYORS AND/OR OTHER HEALTH PRACTITIONERS. I AUTHORIZE AND REQUEST MY INSURANCE COMPANY TO DIRECTLY PAY: SURGICAL GROUP OF SOUTH LAGUNA/MICHAEL T. COCCIA M.D/STEVEN T. CHANG M.D. OTHERWISE PAYABLE TO ME. I UNDERSTAND THAT MY INSURANCE CARRIER MAY PAY LESS THAN THE ACTUAL BILL FOR SERVICES. I AGREE TO BE RESPONSIBLE FOR THE PAYMENT OF ALL SERVICES RENDERED ON MY BEHALF OR MY DEPENDENTS. I REALIZE THAT HAVING A DELINQUENT ACCOUNT MAY RESULT IN DOCTORS BEING UNABLE TO PROVIDE ADDITIONAL SERVICES. IN THE CASE OF DEFAULT PAYMENT ON A DELINQUENT ACCOUNT, I AGREE TO PAY A PROCESSING FEE AND REASONABLE ATTORNEY FEES INCURRED IN ATTEMPTING TO COLLECT ON THIS AMOUNT OR ANY FURTHER OUTSTANDING BALANCES. A PHOTOCOPY OF THIS AGREEMENT IS TO BE CONSIDERED AS A VALID ORIGINAL AGREEMENT.

PATIENT OR GUARDIAN'S SIGNATURE: _____

DATE: _____

EMERGENCY CONTACT:

NAME: _____ PHONE NUMBER: _____

RELATIONSHIP: _____

PLEASE LIST FAMILY MEMBERS OR SIGNIFICANT OTHERS, IF ANY, WHOM WE MAY INFORM ABOUT YOUR MEDICAL CONDITION:

NAME: _____ PHONE NUMBER: _____

RELATIONSHIP: _____

NAME: _____ PHONE NUMBER: _____

RELATIONSHIP: _____

NAME: _____ PHONE NUMBER: _____

RELATIONSHIP: _____

PLEASE NOTE: IT IS THE PATIENT'S RESPONSIBILITY TO NOTIFY US OF ANY ADDRESS, PHONE NUMBER OR INSURANCE CHANGES

PATIENT OR GUARDIAN'S SIGNATURE: _____

DATE: _____