

Tamir H. Keshen, M.D., FACS, FAAP & Charles J. Stolar, M.D., FAAP
Pediatric General and Thoracic Surgery
5350 Hollister Ave Suite F
Goleta, CA 93111
Phone: (805) 563-6560 Fax: (805) 563-3680

PATIENT INFORMATION

Patient Name: _____
Date of Birth: _____ Sex: _____
SS#: _____
Address: _____
City: _____ State: _____
Zip: _____ Phone: _____

Pediatrician: _____
Address: _____
City: _____ State: _____
Zip: _____ Phone: _____
Fax: _____
Ins: _____

Mother Name: _____
Address: _____
City: _____ State: _____
Zip: _____ Phone: _____
Cell Phone: _____
Work Phone: _____
Employer: _____
Occupation: _____
SS#: _____
DOB: _____ M S W D

Father Name: _____
Address: _____
City: _____ State: _____
Zip: _____ Phone: _____
Cell Phone: _____
Work Phone: _____
Employer: _____
Occupation: _____
SS#: _____
DOB: _____ M S W D

Emergency Contact: _____

Phone: _____

I authorize the doctor to release any information including the diagnosis and the records of treatment or examination rendered to my child during the period of such care to third party payers and/or health practitioners.

I authorize and request my insurance company to pay directly to the doctor or doctor's group insurance benefits otherwise payable to me.

I understand that my insurance carrier may pay less than the actual bill of services. I agree to be responsible for payment of all services rendered on the behalf of my dependents.

Signature: _____

Date: _____