

NEWPORT CHILDREN'S MEDICAL GROUP

FASHION ISLAND OFFICE

1401 Avocado St., Suite 802
Newport Beach, CA 92660
Tel.# (949) 644-0970

HOAG OFFICE

1640 Newport Blvd., Suite 210
Costa Mesa, CA 92627
Tel.# (949) 642-7332

HUNTINGTON BEACH OFFICE

17822 Beach Blvd., Suite 373
Huntington Beach, CA 92647
Tel.# (714) 698-1648

PLEASE COMPLETE ENTIRE FORM:

Date _____
Patient _____ Age _____ DOB _____ Sex _____
Home Address _____
City _____ State _____ Zip _____
Home Phone () _____

Father's Name _____ Married/Single/Divorced/Widow
Home Address _____
City _____ State _____ Zip _____
Home Phone () _____ Work () _____ Cell () _____
Drive Lic _____ SSN _____ DOB _____
E-mail Address _____

Mother's Name _____ Married/Single/Divorced/Widow
Home Address _____
City _____ State _____ Zip _____
Home Phone () _____ Work () _____ Cell () _____
Drive Lic _____ SSN _____ DOB _____
E-mail Address _____

Nearest Relative _____ Relationship _____
Home Address _____
City _____ State _____ Zip _____
Home Phone () _____ Work () _____

Insurance Company _____ Name of Insured _____
Previous Doctor _____ Referred By _____

Please list other children: _____ DOB _____

Payment for services are due at the time of service. Payments can be made by check, cash, or by credit card. We only bill Insurance companies that we are provider of. It is necessary that you supply an insurance card at the time of the visit. If you do not have one, payment will be made at the time of service and you will be supplied with a super bill so that you may bill your insurance company. All charges incurred are the financial responsibility of the undersigned regardless of insurance coverage, child support and/or other outside agreements or arrangements. A monthly finance charge of .83% may be added to unpaid balances after 30 days (10%)

Signature of Parent or Guardian

Date