

Surgical Group of South Laguna - Patient Information

Date: _____

A Medical Corporation

Name _____ Male Female

Date of Birth _____ Age: _____
Last first middle

Address _____

City/State _____ Zip _____

Marital Status Single Married Divorced Widowed

Social Security Number _____ Driver's License Number _____

Name of Spouse _____

***Please provide phone numbers that confidential messages may be left by our office if necessary.**

****Note that cell phones are not secure lines.**

Please note which numbers you do not want confidential messages to be left.

Please understand your treatment and procedures may be delayed if we cannot reach you to coordinate care.

Phone Number: _____ Ok to leave confidential message? yes no

Alternative Number _____ Ok to leave confidential message? yes no

Referring MD _____ Other MD _____

Primary Care Physician _____ Other MD _____

Please list those whom we may contact in regards to your medical condition and/or in case of an emergency.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

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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 payers and /or other health practitioners. I authorize and request my insurance company to pay directly to 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 payment of all services rendered on my behalf or my dependents. If I do not pay the entire balance within 25 days from the date of service, my account will be considered delinquent and a late charge of 1.5% will be applied monthly. 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 valid as an original.

SIGNATURE: _____ Date _____