

Surgical Group of South Laguna - Patient Information

Date: _____

A Medical Corporation

Referred by _____

Name _____ Sex: Male/Female

Address _____ City _____ Zip _____
Last first middle

Phone Numbers: Home _____ Work _____ Cell _____

Marital Status Single Married Divorced Widowed Birth date _____ Age _____

Social Security Number _____ Driver's License Number _____

Employer Name _____ Occupation _____

Work Address _____ City _____ Zip _____

Spouse Information

Name of Spouse _____
Last first middle

Social Security Number _____ Birth date _____

Spouse's Employer _____ Occupation _____

Work Address _____ City _____ Zip _____

In emergency, notify _____ Phone _____ Relationship _____

Insurance Information

Primary Insured _____

Insurance company _____ ID# _____

Group # _____ Coverage Code _____

Address for claim submission _____

Secondary Insured _____

Insurance company _____ ID# _____

Group # _____ Coverage Code _____

Address for claim submission _____

I hereby authorize the release of any medical information necessary for the processing of insurance. I hereby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled to Michael T. Coccia, M.D. / Steven T. Chang, M.D. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. A finance charge of 1.5% will be assessed each month for all patient owed balances over 60 days. If balances are not paid within six months of the initial statement, a collection fee of 30% to 50% of the balance will be assessed. I will be responsible for full payment (including any of the above mentioned finance and collection fees) if the insurance fails to pay for the performed service and procedures.

SIGNATURE: _____