

# Newport Children's Medical Group

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

307 Placentia Ave., Suite 209  
Newport Beach, CA 92663  
Tel.# (949) 642-7332

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