SOUTH COAST FAMILY MEDICAL CENTER, INC.

25500 Rancho Niguel Road, #100
Laguna Niguel, CA 92677
(949) 643-0500

PLEASE PRINT

PATIENT INFORMATION REGISTRATION

Today's Date:____________ Email:______________@______________

Last Name:______________ First Name:______________ MI:______

Sex:______ Date of Birth ____________ Age ______ Social Security #______-______-______

Street:______________________ City:______________

Zip:__________State:__________HM Phone (______)______-______ Cell #______________

Illness Data: (circle one) Personal Work Related MVA Other____________ DL#______________

Parent/Guardian of Minor (With patient today)

Last Name:______________ First Name:______________ MI:______ D.O.B.________

Relationship:____________ Phone#____________ SS#____________ Address (if different from above): Street______________ City:__________ State:________ Zip:________

PRIMARY INSURED

Last Name:______________ First Name:______________ MI:________

SS#____________ DOB________ Relationship to Patient:____________ Address (if different from above): Street______________ City:__________ State:________ Zip:______

Ins. Carrier's ______________________Employer:______________

ID#______________________Group #______________

Is there a Secondary Insurance?______________________

EMPLOYER	**WHO TO CONTACT IN CASE OF EMERGENCY**
Employer:______________	Last:______________
Phone: (______)______________	Phone: (______)______________
	Relationship to Patient:______________

ASSIGNMENT OF BENEFITS:

I directly assign all medical/surgical benefits to **South Coast Medi-Center,** and understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure payment of benefits. I further agree that a photocopy of this agreement shall be as valid as the original.

SIGNATURE ______________________________ DATE ____________

CONSENT TO EXAMINE AND TREAT:
I give my consent for examination and treatment of myself and all minor children listed above.

SIGNATURE ______________________________ DATE ____________