

90210 Surgical Associates
465 North Roxbury Drive, Suite 1020
Beverly Hills, CA 90210
Phone: (424) 239-5193
Fax: (424) 239-5086

WELCOME TO OUR PRACTICE

Thank you for choosing our office. In order to serve you properly, PLEASE PRINT the following information.

CONTACT INFORMATION			
Name:		Date:	
Address:		City/ State/ Zip:	
SSN:	D.O.B.:	Marital Status:	Gender: M F
Home Ph:	Work Ph:	Cell Ph:	Other Ph:
Fax:	E-Mail:	What is the best way to contact you? Home Work Cell Email Other	
Emergency Contact:		Home:	Cell:
INSURANCE INFORMATION			
Primary Insured Party:		Address:	Phone:
Policy/ID Number:		Group Number:	
Secondary Insured Party:		Address:	Phone:
Policy/ ID Number:		Group Number:	
WORKERS COMPENSATION INFORMATION			
Policy/ Claim Number:		Claim Adjuster's Name:	
Claim Adjuster's Ph:		Claim Adjuster's Fax:	
Company Name:		Employer Name:	
PAYMENT INFORMATION			
<p>We accept: AMEX, VISA, MASTERCARD, CASH, OR CHECK Please make all checks out to 90210 Surgical Associates</p>			
<p>Please sign below that you authorize that all the above is true and correct. Your signature allows this office to release, the named insurance company(s) of any information necessary to expedite insurance payment: "I understand that I am responsible for all charges, not covered by my insurance company."</p>			
Patient and/or Guardian Signature:			Date: