

JESUS K. TAN, M.D., F.A.C.S.
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NEW PATIENT INFORMATION RECORD

PLEASE PRINT LEGIBLY

TODAY'S DATE: _____

PATIENT: _____ BIRTH DATE: _____ AGE: _____ GENDER MALE FEMALE

MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED

HOW DID YOU HEAR ABOUT OUR OFFICE? _____ WHO IS YOUR PRIMARY DOCTOR? _____

NAME OF INSURED PERSON: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

DRIVER LICENSE: _____ CURRENT EMPLOYER: _____

OCCUPATION: _____ BUSINESS ADDRESS: _____

CITY/STATE: _____ ZIP: _____ BUSINESS PHONE: _____

SOCIAL SECURITY: _____ - _____ - _____

EMERGENCY CONTACTS

1. NAME: _____ RELATIONSHIP: _____ PHONE: _____

2. NAME: _____ RELATIONSHIP: _____ PHONE: _____

INSURANCE INFORMATION

PRIMARY CARRIER: _____ MEDICAL GROUP (IF APPLICABLE): _____

SECONDARY CARRIER: _____ MEDICAL GROUP (IF APPLICABLE): _____

RELEASE OF INFORMATION/ASSIGNMENT OF BENEFITS

I hereby authorize Drs. Jesus K. Tan and Jesse W. Tan to disclose when requested by the above named insurance carrier or its representatives any and all information with respect to any illness(es) or injury(ies), medical history or treatment and copies of all medical records. A photocopy of this authorization shall be considered as effective and valid as the original.

I hereby authorize payment directly to Drs. Jesus K. Tan and Jesse W. Tan. Of the surgical and/or medical benefits if any, otherwise payable to me for professional services rendered to me. I understand that I am financially responsible for the charges not covered by this authorization. I further agree in the event of non-payment, to bear the cost of reasonable legal fees should this be required.

DATE: _____ PATIENT SIGNATURE (IF MINOR, PARENT SIGNATURE): _____