



# Newport Children's @ Mission Medical Group

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26800 Crown Valley Pkwy • Suite 460 • Mission Viejo, CA 92691

**PLEASE COMPLETE ENTIRE FORM: (PLEASE PRINT)**

Date \_\_\_\_\_  
Patient \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
SSN \_\_\_\_\_

Fathers Name \_\_\_\_\_ Mothers Name \_\_\_\_\_  
Married / Single / Divorce / Widow \_\_\_\_\_ Married / Single / Divorce / Widow \_\_\_\_\_  
DOB \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
E-Mail \_\_\_\_\_ E-Mail \_\_\_\_\_  
Work# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

**Insurance Info:**

Company \_\_\_\_\_ Subscribers Name \_\_\_\_\_  
DOB \_\_\_\_\_ Subscribers ID# \_\_\_\_\_ Group # \_\_\_\_\_

Please List Other Children: \_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please List Authorized Individuals Who Can Give Medical Consent In Your Absence (Including Medical Office Services, Etc.)**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Payments for services are due at the time of service. A \$10.00 fee will be charged if we have to bill you for your co-pay. Payments can be made by check, cash or by credit card. We only bill Insurance companies we are a provider of. It is necessary that you supply an insurance card at the time of 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%) Additional fees for After Hours, Walk-Ins, Weekends, etc., may be applicable and all fees are subject to change at any time without prior notification.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date