Salinas Valley Medical Clinic
MULTISPECIALTY CARE

LOCATION 6

Salinas Valley Medical Clinic
MULTISPECIALTY CARE

MEDICATION SHEET 4

Date of Birth:

Medication	Date Stopped

Thank you for choosing ... priorities. In order to off... information and sign be...

As a courtesy to you, we... will verify coverage. This... provider, or where we ac... amounts due for "high ... providers may change f... listed as a participating...

Insurance coverage is a... covered by your insuran... not your insurance will c... cleared or paid by your...

A billing statement will ... your insurance carrier in... communication from yo...

I understand that Salina... consequently, the codin... fraudulent practice.

If your insurance carrier ... in full at the time of ser... reimbursement will be s... front and back of your i... Sheet at least annually.

Other Fees:
A fee of $25.00 for the ... when picking up the co... records and is due when... with the receptionist. Th... purpose of the coordina... patient account.

Minor Patients:
The parent(s)/guardian(... may be denied.

We accept cash, checks... payment policy or need... to set up a payment pla... services rendered by Sa...

PATIENT REGISTRATION 3

By initiali... message...

PATIENT INFORMATION:
Last Name:
Birthdate: ___/___/___ Ge...
Marital Status: ❑ Single ❑ Married ❑
Home Phone: (____)
E-mail Address:
Street Address:
Race: ❑ White ❑ African American ❑
Ethnic Group: ❑ Non-Hispanic ❑ Hispani...

PREFERRED METHOD OF CONTACT:
❑ Phone ❑ U.S. Mail ❑ Email By...
associates, calling and/or texting regarding appointm... commercial email messages. A summary of these la...

IF PATIENT IS A MINOR PLEASE COM...
Name of Parent/Guardian:
Street Address:
City:
Social Security #:

PRIMARY INSURANCE INFORMATION
Name of Insured:
Relationship to Insured:
City:
Insurance Carrier Name:

PERSON TO NOTIFY IN CASE OF EME...
Name (Not in Same Household):
Street Address:
Home Phone:

SURROGATE DECISION MAKER
Name:
Do you have a Legal Durable Power of Attorne...
If yes, Name:
Please provide a copy of the legal paperwork f...

PREFERRED PHARMACY

I identify the following individuals as being inv... discuss any healthcare and/or financial inform...
Name: Relationsh...
Date of Birth: Restriction... (i.e. medica...

TO OUR PATIENTS:
This authorization will remain in effect until you... information unless you personally call and give ... information.
Signature of Patient:
Please describe your illness/injury/symptoms a...

ACKNOWLEDGMENT OF PRIVACY PRACTICES 4

Patient Name:
Date:

Privacy Official, 100 Wilson Rd, Ste. 100, Monterey, Ca 93940 Phone: (831) 6...

ACKNOWLEDGMENT OF PRIVACY PRACTICES

I hereby acknowledge that I received a copy of this medical office's Notice of Privacy P... posted in the reception area and that I will be offered a copy of any amended Notice o...

Signed:
Print Name:

If not signed by the patient, please indicate your relationship with the patient:
- ❑ Parent or guardian of minor patient
- ❑ Guardian or conservator of an incompetent patient
- ❑ Beneficiary or personal representative of deceased patient

I identify the following individuals as being involv... any healthcare and/or financial information with ...

Name:
Relationship:
Birth Date:
Restrictions: (i.e. medical info only, financial info o...

By initialing in this box [ ] I am requesting S... detailed/confidential message about my health c...

TO OUR PATIENTS:
This authorization will remain in effect until you r... information unless you personally call and give v...

By your signature below, you acknowledge that y...

Signature of Patient:

REV. 12/20

Welcome to Salinas Valley Medical Clinic

The physicians and staff of Salinas Valley Medical Clinic–Multi-Specialty Care extend a warm welcome to you as a new patient. We appreciate the opportunity to serve your medical needs and are committed to the highest level of quality in patient care and satisfaction.

Enclosed are New Patient Registration and Personal Health History forms. Please take a few minutes to complete the forms and bring them with you to your first appointment. Please do not mail them to us in advance. Your health history and insurance information will be added to...

1033 Los Palos Drive | Suite A
Salinas | CA 93901

Salinas Valley Medical Clinic - Multi-Specialty Care

POS Reorder # 2006253
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POS Professional Office Services, Inc.
Your Partner in Patient Communication

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