



n e w p o r t  
Center for Special Surgery

1401 Avocado Avenue, Suite 101  
Newport Beach, CA 92660

Phone 949 644-8182  
Fax 949 759-5566

**Registration**

**Date** \_\_\_\_\_

Name: \_\_\_\_\_  
Date of birth: \_\_\_/\_\_\_/\_\_\_  
Marital Status \_\_\_\_\_  
Drivers License Number: \_\_\_\_\_

Spouses Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone number: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work phone number: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_ Group ID #: \_\_\_\_\_  
Plan/ID#: \_\_\_\_\_ Authorization Phone Number: \_\_\_\_\_

Secondary Insurance Company: \_\_\_\_\_ Group ID #: \_\_\_\_\_  
Plan/ID#: \_\_\_\_\_ Authorization Phone Number: \_\_\_\_\_

Person to contact in Emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone number: \_\_\_\_\_

**Primary Physician**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_

**Referral Physician**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_

**Other Physician**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_

How did you become aware of the Newport Center for Special Surgery? Location/ Phone Book/ Brochure/ TV Ad/ News Article/ News Ad in \_\_\_\_\_ paper/ Referred by: Dr./ Family/ Other patient: \_\_\_\_\_

Who may we send copies of your medical records to: \_\_\_\_\_  
\_\_\_\_\_

*I hereby authorize the Newport Center for Special Surgery to furnish information to insurance carriers concerning this illness. I hereby irrevocably assign all benefits, including major medical benefits, for medical services rendered to be paid directly to the facility in accordance with California Insurance Code, Section 10133. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand I am financially responsible for all charges whether or not paid by said insurance.*

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_