



ST. PAUL MEDICAL CENTER OF THE S. BAY

BANG VU PHAM, M.D.

Diplomate, American Board of Internal Medicine

BA N. TRAN, M.D.

Diplomate, American Board of Pediatrics

DAT Q. NGUYEN, M.D.

Eligible, American Board of Internal Medicine

PATIENT INSURANCE INFORMATION

Please Complete and Fax back to: (310) 675-0073

Attention: Patient Services

***We will respond to you within 2 business days.
If you don't hear from us, please call***

Date: _____ How are you referred to us? _____

Patient Name: _____ **DOB:** _____

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Insured Name: _____ **SSN/Id#:** _____

Policy #: _____

Address: _____

Daytime Telephone: _____ Fax: _____

Best Time to call: _____ Email: _____

Insurance Name: _____ **Phone:** _____

Do you prefer to WALK-IN _____ or have an APPOINTMENT _____
(Office Hours: MON-FRI 9AM-6PM, SAT and SUND 9AM-3PM)

If you want an appointment, please answer:

1) Preferred appointment days and time: _____

2) Reason for visit: Sickness _____
Physical Check-up _____
Lab work: _____
Other: _____

Your appointment is scheduled on _____

A 24-hour cancellation notice is requested
Thank you

IMPORTANT: PLEASE BRING YOUR **INSURANCE CARD**, AND YOUR CHILD IMMUNIZATION CARD IF THE VISIT IS FOR A PHYSICAL EXAMINATION, ON THE DAY OF YOUR VISIT

/INSINFO