

Thank you for selecting ***Pediatric Surgical Associates, Inc.*** Your appointment information is below. We would greatly appreciate you calling our office at least 24 hours prior to your scheduled appointment time if you are unable to come or need to change the appointment.

Your appointment is at our Orange Office

1120 W. La Veta Ave., Suite 100
Orange, CA 92868
714-289-4704 / fax: 714-289-4759

Your appointment is at our Mission Viejo Office

27800 Medical Center Road, Ste. 138 "Kids Doc"
Mission Viejo, CA 92691
714-289-4704 / fax: 714-289-4759

Monday Tuesday Wednesday Thursday

Appointment Date: _____ / _____ / _____ Appointment Time: _____ : _____ A.M. / P.M.

Patient Name: _____ Check in Time: _____ : _____ A.M. / P.M.

Physician: German Gholizadeh Gibbs Kabeer Kavianian Lam

Please bring the following with you to your appointment:

- * Patient's Insurance Card
- * Completed Patient Registration Form
- * Completed Patient Consent / Acknowledgement Form
- * Completed Patient History Form
- * Signed Arbitration Agreement
- * Co-Payment if applicable. We accept cash, personal checks, MC, Visa, AmEx and Discover.
(Please be aware there will be a \$1.35 processing fee added to all CC Charges)

If someone other than the patient's Parent or Legal Guardian will be bringing the patient to his/her appointment, you must call our office ahead of time and sign a consent form. If no form is signed the patient will not be seen.

**The person bringing the patient to the appointment must be at least 18 yrs. Old.

Insurance

It is your responsibility to understand your insurance coverage. We will be happy to work with you if you have specific questions about our role as a provider of services.

Please remember that all HMO and Medi-Cal Health Care Plans do require an authorization before each visit. We can not see you if we do not have one.

Directions and Parking: See other side