

Welcome to Dr. Ming Li Tsang's Medical Practice!

We are pleased to welcome you to our medical practice. Please take a few minutes to fill out this form as completely as you can. If you have questions we will be glad to help you.
We look forward to working with you to maintain your health.

Patient Information

Fields marked with an * are required.

*Name _____ Today's Date ____/____/____
LAST FIRST

*Address _____ Soc. Sec. # _____

*City _____ *State _____ *Zip _____

*Sex M F Age _____ *Birth Date ____/____/____ Single Married Widowed Divorced

*Email _____ *Mobile Phone _____
Home Phone _____

Race/Ethnicity _____ Preferred Language _____

Employer _____ Occupation _____

*Emergency Contact _____ *Phone _____ Relationship _____

Insurance Information

*You must present your Driver's License and Medical Health Insurance Card at the time of exam in order for us to file your insurance.

Health Plan _____ Phone _____

Subscriber ID/Social Security # _____ Group # _____ Effective Date _____

Subscriber's Name _____ Relation to Patient _____ Birth Date _____

Subscriber Employed By _____ Business Phone _____

Do you have a deductible to meet? _____ Deductible Amount _____

Payment is expected at the time services are rendered, including procedures not covered under your insurance plan.

Please Note: Certain insurance policies pay only a portion of your total charges. If you have questions about your coverage, please contact your insurance company representative. Insurance confirmation is not a guarantee of payment for all procedures. I understand that my signature authorizes payments to be made to Dr. Ming Li Tsang and authorizes the release of my medical information necessary to pay the claim. I also understand that I am financially responsible for any amounts not payable or not covered by my insurance.

X _____
Signature

Date