National Avenue Medical Associates
14911 National Avenue Suite 1 Los Gatos, CA 95032

Patient Information

First Name	Middle	Last	Birth date	Age	Sex

Street Address	City	State	Zip

Home Phone	Cell/Alternate Phone	Date Accident/Injury/Symptom	Social Security #

Employer	Employer Address	Work Phone

Emergency Contact Name	Relationship	Phone Number

Individual Responsible for Payment

First Name	Middle	Last

Street Address	City	State	Zip

Home Phone ( )	Work Phone ( )	Employer	Social Security #

Employer Address

Primary Insurance Company

Name	Policy ID No.	Group #

Street Address	City	State	Zip

Name of Policy Holder	Relationship to patient

Secondary Insurance Company

Name	Policy ID #	Group #

Street Address	City	State	Zip

Name of Policy Holder	Relationship to Patient

Allergies to Medication

Please List:

Assignment of Benefits

I understand that I am responsible for payment in full of all charges. I authorize payment of benefits from my insurance be paid directly to National Avenue Medical Associates. I also authorize National Avenue Medical Assoc. to release my insurance company any and all information necessary for the processing of insurance claims.

Signature _____ Date _____