

Change of Insurance
RAMBLC Pediatric Medical Group

14880 Los Gatos Blvd
Los Gatos, CA 95032
phone (408) 371-7777
fax (408) 371-7147

Date _____

Children's name(s) _____

Family's contact phone number (home or cell): _____

Old insurance company _____ Policy termination date _____

NEW INSURANCE COMPANY INFORMATION:

Name of insurance company _____

Claims address _____

Phone number _____

Name of subscriber _____

Subscriber ID # or SSN _____

Group or policy # _____

Effective date of coverage _____

Insurance type (PPO, POS, EPO) _____

Primary care physician listed on card (if any) _____

Amount of co-pay (if any) _____

I authorize my insurance company to pay my physician directly for medical services rendered. I also authorize the release of any personal health information to my insurance company in order to process claims. Pending verification of the new insurance information contained herein, I assume responsibility for payment of any charges for medical services provided.

Signature _____ Date _____

Printed name _____

Relationship to patient _____