



ORTHOPAEDIC SURGEONS:

..., David H. Doty, M.D., John Gonzalez, M.D.

Neil Halbridge, M.D., Robert Jaspan, M.D., Donald Kim, M.D., Michael Mai, M.D., William Navigato, M.D.

Peter Sofia, M.D., Stephen Suzuki, M.D., G. Sunny Uppal, M.D., Lawrence Walker, M.D.

PHYSIATRIST: Bryant Leung, M.D.

ORTHOPAEDIC MEDICAL GROUP OF RIVERSIDE, INC.
Fellows American Academy of Orthopaedic Surgeons
Certified American Board of Orthopaedic Surgery

ELIGIBILITY GUARANTEE FORM

I, _____ hereby certify that I am eligible

For _____ Date _____
HMO Plan Name

Name of Employer _____

Name of Subscriber _____

I have chosen _____ to be my medical provider,
Group / Physician Name

I understand that if the above is not true or if I am not **ELIGIBLE** under the terms of my medical and hospital Subscriber Agreement, I am liable for all charges for services rendered. Also, if the above is not true, I agree to pay in full for all services received within 30 days of receiving a bill from the above Medical Group / Physician.

_____ Date _____

Signature of Member or Guardian

LAKE ARROWHEAD
29099 Hospital Rd., Ste. 112
Lake Arrowhead, CA 92352
(909) 337-9300

MORENO VALLEY
6485 Day Street, Ste. 301
Riverside, CA 92507
(951) 653-0760

RIVERSIDE
6800 Brockton Avenue
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(951) 683-0650

RIVERSIDE
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399 E. Highland Ave., Ste 409
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(909) 883-3883

APPLE VALLEY
(877) 683-0650