



Doctors of Children of Orange County Medical Corporation

Meigan Everts, M.D. Teresa Lee, M.D.

4950 Barranca Parkway Ste. 209

Irvine, California 92604

(949) 654-2800 FAX (949) 654-2804

ELIGIBILITY GUARANTEE FORM

I, _____ hereby certify that I am eligible with the following health insurance company _____ under the subscriber _____ through his or her employer _____. I also certify that I have chosen Dr. _____ to be my medical provider through _____ (Medical Group). I understand that if the above is not true or if I am not eligible under the terms of my Medical AND subscriber Agreement, I am liable for any and all charges for services rendered. Also, if the above is not true, I agree to pay in full for all services rendered within thirty days of receiving a bill from the above noted medical group / physicians.

Signature of Member

Verified by

Date