



Dear Member,

Attached is the new patient packet. We do apologize there is so much paperwork.

The **“Notice of Privacy Practices”** and **“Patient Rights and Responsibilities”** forms are for YOU to keep. Also please keep the **“Fee Schedule”** and **“Membership Benefits”** page.

The other documents **all** need to be filled out and returned to us. They can be mailed, scanned and emailed to *forms@coastalpinesmedical.com*, dropped off at the office or faxed back to 805-927-1674.

We also need a copy of your insurance cards– both primary and any secondary you might have. We can accept copies or photos, or you can bring it in and we can scan it.

Please make sure you have completed the following pages:

- Communication Form
- Patient Intake Form
- Medical Records Release Form
- Patients Rights and Responsibilities Attestation Page
- Notice of Privacy Practices Attestation Page
- Membership Agreement
- Financial Agreement

Please feel free to call us with any questions or if you need help, 1-805-927-1673.

We look forward to meeting you soon!

Coastal Pines Medical Group