



# PACIFIC SHORES MEDICAL GROUP

A Hematology/Oncology Private Practice  
Member, UCLA Affiliated Translational Oncology Research Network  
[www.pacshoresoncology.com](http://www.pacshoresoncology.com)

1043 Elm Avenue, #104  
Long Beach, CA 90813  
Phone:(562) 590-0345  
Fax: (562) 437-8139

3747 Worsham Ave, #101  
Long Beach, CA 90808  
Phone:(562) 430-5900  
Fax: (562) 799-8379

222 W. Eulalia Street, #100-B  
Glendale, CA 91204  
Phone:(818) 637-7611  
Fax: (818) 637-5106

19582 Beach Blvd, #212  
Huntington Beach, CA 92648  
Phone:(714) 252-9415  
Fax: (714) 963-8407

16300 Sand Canyon Ave, #207  
Irvine, CA 92618  
Phone: (949)-333-7580  
Fax: (949) 333-7599

N. Simon Tchekmedyan, MD   Kalust Ucar, MD   Eleonor Quan, MD   André K.D. Liem, MD   David M. Burtzo, MD  
Lihong Wu, MD   Luke W. Chen, MD   Mark M. Ngo, MD   Sassan Farjami, MD  
Amy Q. Wang, MD, PhD   An D. Nguyen, MD   Cannon Milani, MD

## Eligibility Waiver Form

I, \_\_\_\_\_ hereby certify that I am insured by the following Insurance/Medical Group

\_\_\_\_\_ and that my benefits are effective as of the following date \_\_\_\_\_.

I understand that if the above information is not true or if my insurance benefits change and I fail to notify Pacific Shores Medical Group about such change prior to medical services being rendered to \_\_\_\_\_ (Your Name), I shall be responsible for all charges related to these services.\*

Signature of Patient or Responsible Party      Date

Subscriber Social Security Number      Subscriber Name

Account Number      Patient Name

**\*Please note that we bill your Insurance as a courtesy.**

Exclusive Property of Pacific Shores Medical Group, Eligibility Waiver Form, Revised KJS/AL 04/28/2009. Revised nst 5/27/09 and 07/03/09. HB 9/11/09 AL, updated 10/30/09 AL