



DRS.
• DAVIES • SHADE • RITZ

360 Dardanelli Lane, Suite 2E
Los Gatos, CA 95032

**PLEASE COMPLETE THIS FORM FOR OUR RECORDS.
RETURN TO US NO LATER THAN SEPTEMBER 1, 2016.**

YOU MAY ALSO COMPLETE IT ONLINE AT www.losgatosdoctors.com/fees

Your full name	
Other family members also joining	
Primary email address*	
Cell phone number for confirmations, call-backs	
My/our primary physician is	

**We use your email only for direct patient communication and to create your log-in for our patient portal.*

YOUR PLAN: Please circle which plan you are choosing:

Individual patients

If you are 25 years of age or younger: \$10 per month or \$100 for year

If you are 26 years of age or older: \$25 per month or \$250 for year

For couples: \$40 per month or \$400 for year

For families : \$50 per month or \$500 for year

(all dependents must be under 26)

PAYMENT DETAILS

(For security reasons we can only take credit card information by phone before October 1)

I want to pay ANNUALLY and get the discount.

Check to Dr. Tiffany Davies enclosed

I prefer to pay by credit card.

Please phone me at: _____

I want to pay MONTHLY by credit card.

Please phone me at: _____

OPTING OUT?

_____ I/we are unlikely to continue with the practice. I/we will request our medical records through our new provider.

PLEASE MAIL, FAX OR EMAIL THIS FORM BACK.

officemanager@losgatosdoctors.com (408) 378-1039