UCSF Benioff Children's Hospitals

UCSF Health

1500 Owens Street, Suite 360
San Francisco, CA 94158
415-353-8489 FAX: 415-353-3672
International@ucsf.edu

Full name: ____________________

(Family Name) (First Name) (Middle Name)

Address: ____________________

City/Country/Postal Code: ____________________

Phone Number: ____________________

Email: ____________________

Date of Birth: __________ Age: ______ Country of Origin: __________

(Month/Day/Year) (Country)

Sex: ☐ Male ☐ Female Nationality: __________ Religion: __________

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown/Declined

Race: ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian/Pacific Islander ☐ Other ☐ White or Caucasian ☐ Unknown/Declined

U.S. Social Security Number (if applicable): ____________________

Passport Identification Number & Issuing Country: ____________________

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Legally Separated
☐ Registered Domestic Partner (RDP) ☐ RDP-Dissolved ☐ RDP- Widowed

Preferred Language ____________________

Interpreter Needed? ☐ Yes ☐ No

Guarantor/ Guardian's name (if patient is under 18 years old):

Guarantor/ Guardian's Date of Birth: ____________________

Relationship to Patient: ____________________

UCSF Benioff Children's Hospitals

UCSF Health

1500 Owens Street, Suite 360
San Francisco, CA 94158
415-353-8489 FAX: 415-353-3672
International@ucsf.edu

Treatment being sought: (Please provide information)

Patient's Diagnosis:

Preferred Specialist/MD:

Patient Contact (Spouse/ Next of Kin/ Relative)

Name:

Address:

City/ State/

Country: Relation:

Telephone:

If your insurance approved treatment and will pay for all costs, please provide necessary information:

Insurance Company Name:

Send bills to (claims address):

City/State/Country/Zip:

Telephone #/Contact Person:

Group #: Subscriber/Policy #:

Authorization #: Reference#:

Payment Method

Cash
Wire Transfer

Cashiers/Travelers Check/ Check (drawn on U.S. bank account)
Insurance (requires a U.S. based third party administrator
Embassy Sponsored

Credit Card (Preferred Method)

Visa Master Card American Express Other:

How did you find UCSF?

☐ Friend/Family ☐ Physician Referral ☐ Internet search/UCSF Website ☐ Reputation ☐ Other: __________