DOCTORS HOSPITAL OF WEST COVINA

725 S. Orange Avenue
West Covina, CA
91790
(626) 338-8481

Application for Cash Discount

NAME (Last) (First) (Intial)	BIRTHDATE	AGE	MARITAL STATUS	SEX	TELEPHONE #

ADDRESS Street and Number City/State/Zip Code

EMPLOYER OCCUPATION TELEPHONE #

EMPLOYERS ADDRESS STREET & # CITY STATE ZIP CODE

All cash patients will be charge the medicare rate or less.

DATE SIGNATURE OF INSURED: