

OUR OFFICE

6271 Rosemead Blvd, Temple City, CA 91780
Phone: (626) 898-4560 Fax: (626) 898-4561
Web: pacificadigestive.com Email: templecity@uniohp.com
Monday - Friday, 8:30 am - 5:00 pm

OUR PROVIDERS

Ken D. Nguyen, MD
Tim Chen, MD
Dana Pan, MD
Lianna, MSN, FNP-C



Scan to schedule online

Not for urgent referrals or emergencies. For urgent referrals call (626) 898-4560.

Return this form by fax to (626) 898-4561 or email it to templecity@uniohp.com. Please attach recent notes, labs, imaging, and the insurance card.

PATIENT INFORMATION

Last name * _____ First name * _____ M.I. _____ Date of birth (MM/DD/YYYY) * _____
Gender * ☐ Male ☐ Female
Phone * _____ Patient email (optional) _____

INSURANCE

Insurance type * ☐ PPO ☐ HMO or IPA ☐ Medicare ☐ TRICARE ☐ Self-pay / Cash

PPO plan (optional)

☐ Aetna ☐ Anthem Blue Cross ☐ Blue Shield of California
☐ Blue Cross Blue Shield (out-of-state) ☐ Cigna ☐ Health Net (employer group)
☐ UnitedHealthcare ☐ UMR

Member ID # (PPO / Medicare - optional) _____ Other PPO (name) _____

HMO / IPA / TRICARE: a separate authorization must be submitted through the HMO/IPA (or TRICARE) portal.
An approved authorization is required before we can schedule the patient.

REFERRING PROVIDER

Provider name and title * _____ Specialty _____ Medical group or practice _____
Phone * _____ Fax * _____ Email (optional) _____

REASON FOR REFERRAL

Records attached: ☐ Office notes ☐ Labs ☐ Imaging ☐ Prior endoscopy / pathology ☐ Insurance card