

A Private Medical Practice

Martin I. Bae, M.D.

Diplomate, American Board of Internal Medicine

Newport Beach Medical Associates, Inc.

**Please return with signed patient agreement
in the enclosed envelope**

1st Patient's Full Name _____

2nd Patient's Full Name _____

Children (ages 17-25) _____

Address _____

City _____ State _____ Zip _____

Telephone () _____

Cellular () _____

E-mail _____

- \$2,000 annually per person
- \$4,500 annually per family (two adults and children ages 17-25)

Yes. I would like to enroll in Dr. Bae's private medical practice.

Enclosed is my annual check

Please charge my annual or semi-annual fee to:

VISA MASTERCARD

Card Number _____

Expiration Date _____

Name on the card _____

Signature _____ Date _____

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