



Names and Phones Numbers of Doctors and Dentists

CHILD'S NAME:

IDENTIFICATION #:

S.S.N:

DOCTOR'S

MEDICAL PLAN:

MEDICAL PLAN NUMBER:

NAME:

ADDRESS:

PHONE NUMBER:

DENTAL PLAN:

DENTAL PLAN NAME:

DENTIS'T NAME:

ADDRESS:

PHONE NUMBER:

**** FOSTER PARENT NAME:**

Please fill out this form and make a copy for FOSTERHOPE SACRAMENTO. If you are having a problem with your child's medical or dental plan, first call Health Choice at **(800) 430-4263**. If they cannot help you, then call FOSTERHOPE SACRAMENTO