



Inter Valley Health Plan

For health. Not for profit.

Physician Profile Information

Name:

Degree: M.D. D.O. Other: _____ Male Female

Medical Group Affiliation(s) :

Address(s):

Phone #

Extended Office Hours? Yes No Accepting new patients? Yes No (subject to verification from Medical Group)

Board Certification(s):

Foreign Languages Spoken (physician only):

Medical School:

Residency:

Fellowship (if applicable):

Personal Statement/Philosophy (This has shown to be invaluable to marketing the practice as it tends to personalize the physician to the potential patient.)

Optional Information:

Family Info _____

Hobbies/Free time _____

Organizations you belong to

I give my permission for Inter Valley Health Plan to provide this information in future advertisements including websites. _____

Please fax completed, signed form to: (909) 623-8973 attn: Aurora Huerta. Thank You.

Inter Valley reserves the right to edit or omit sections of the Personal Statement or other information submitted. Links to physician office websites cannot be included and/or enabled.