



Neema Malhotra, M.D. USCIS Clinic

I-693 Applicants Info for Registration in our system

○ 2730 Union Ave, Ste B, San Jose, CA 95124 ○ 98 S Abel Street, Milpitas CA 95035

USCISclinic.com T: 408-684-8600 F: 408-650-7417 E: doctor@uscisClinic.com



COMPLETE ALL INFO IN CAP LETTERS & SIGN FORM BELOW. PLEASE GIVE PHOTO ID, INSURANCE & CREDIT CARD TO FRONT DESK

GREEN CARD APPLICANTS INFO

1. *Last Name:	First:	*DOB:	*Sex: M / F
2. *Last Name:	First:	*DOB:	*Sex: M / F
3. *Last Name:	First:	*DOB:	*Sex: M / F
4. *Last Name:	First:	*DOB:	*Sex: M / F

CONTACT INFORMATION

*Last Name:	*First Name:		
*Address:	*City:	*State:	*Zip:
*Mobile Phone:	*E-Mail:		
Employer:	How did you hear about us?		

INSURANCE> United, BC, BS, Aetna, Cigna, etc... Self-Pay HMO (Kaiser, Sutter, Stanford, PAMF, Select Medicare/Medical

I hereby grant consent to treat all adult or minor applicants listed above. I am fully responsible to pay for all charges for all applicants listed above & hereby authorize & to charge my credit card on ant consent to treat all adult or minor applicants listed above for any account balance. I acknowledge receipt of HIPAA Patient Privacy Policy. I may be contacted by SMS text, voice or email given above. I acknowledge that I-693 forms must be picked up within 30 days from your initial visit to our clinic and sent to USCIS within 60 days.

RESPONSIBLE PARTY: *SIGNATURE: _____ DATE: _____

IMPORTANT INSTRUCTIONS FOR YOUR UPCOMING VISIT for Green Card Medical Exam:

Visit USCISclinic.com for FAQs, more info and Download i-693 only Form for [MILPITAS](#) or for [SAN JOSE](#) from our website and save it in a folder. Right mouse click on i-693 downloaded form and chose only **Adobe Reader** app to open it. Do **not** use your browser. Adobe Reader will auto fill your name on top of each of 14 pages. You can see detailed [Instructions](#) on our website. A correctly filled [Sample filled i-693 form](#) can be viewed on our website uscisClinic.com. You can [Download Adobe Reader](#) Free from Adobe website.

Print I-693 form using no scaling or fit to paper etc. Make sure your **name** is printed on top and a barcode on the bottom of each page. **Fill** the first two pages with applicant's demographics. Please check your demographics and A-number for accuracy.

On your **first** visit; bring printed I-693 Filled form, any vaccination records, driver license or passport and a form of payment. We accept HSA or FSA Cards, all Credit Cards, Apple or Google Pay, Venmo, Zelle, PayPal, Check or Cash. We will give you receipts for reimbursement from your employer. If you need any help, just [Contact us](#).

PROCESS: During your **1st visit**, we will review your I-693 form, vaccination & medical history & assess any gaps in vaccinations, do your medical exam, give you orders for vaccination and labs. Vaccinations are fully covered by insurances. We will coordinate benefits with your insurance for minimum cost of your exam. You can take vaccinations from any pharmacy like CVS, Walgreen, Costco, Walmart etc. or from your own provider. We will recommend you to a lab with the lowest cost for tests & save you money. The lab results from labs take 4 business days after you give specimens & your second visit is scheduled after you receive lab results. You can [schedule your visits online](#) or via phone at **408-684-8600**. Please allow an hour for your each appointments.

During your **2nd visit**, Dr. Neema Malhotra will process your I-693 form by entering the medical info, labs & vaccinations, & review the completed I-693 form with you. You will sign the I-693 form during 2nd appointment. You will be given your **Sealed I-693 Envelope** for USCIS submission & an **electronic copy** for your records. **I-693 forms must be picked up within 30 days from your initial visit to our clinic and submitted to USCIS within 60 days.**