# **FORM ADV**

# **Uniform Application for Investment Adviser Registration**

# Part II - Page 1

OMB APPROVAL

OMB Number: 3235-0049

Expires: February 28, 2001

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hours per response. . . . 9.01

Name of Investment Adviser:					
MedCentric Financial Network					
Address: (Number and Street)	(City)	(State)	(Zip Code)	Area Code: Telephone Number:	
500 Newport Center Drive, Suite 500	Newport Beach	CA	92660	(800) 765-0353	

This part of Form ADV gives information about the investment adviser and its business for the use of clients.

The information has not been approved or verified by any government authority.

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#### Definitions for Part II

Related person - Any officer, director or partner of applicant or any person directly or indirectly controlling, controlled by, or under common control with the applicant, including any non-clerical, non-ministerial employee.

Investment Supervisory Services - Giving continuous investment advice to a client (or making investments for the client) based on the individual needs of the client. Individual needs include, for example, the nature of other client assets and the client's personal and family obligations.

1.	<b>A.</b>		lvisory Services and Fees. (check the applicable boxes)  For each type of service provided, state the apprototal advisory billings from that service.  (See instruction below)			% of	
		Appli (1) (2) (3) (4) (5) (6) (7) (8) (9)	cant: (See instruction below.)  Provides investment supervisory services			% % % % % 100% %	
	B.	Does	the applicant call any of the services it checked above fin		Yes	No 🖂	
•	C.	2. Applicant offers investment advisory services for: (check all that apply):					
			(2) Hourly charges		<ul><li>(4) Subscription fees</li><li>(5) Commissions</li><li>(6) Other</li></ul>		
•	D.	For each checked box in A above, describe on Schedule F:					
		•	• the services provided, including the name of any publication or report issued by the adviser on a subscription basis or for a fee				
		•	applicant's basic fee schedule, how fees are charged and	whet	ether its fees are negotiable		
		•	when compensation is payable, and if compensation is p may get a refund or may terminate an investment adviso				
2.	Type	pes of Clients - Applicant generally provides investment advice to: (check those that apply)					
	$\boxtimes$	A.	Individuals	E.	Trusts, estates, or charitable organizations		
		B.		F.	Corporations or business entities other than those listed above		
		C. D.	Investment companies  Pension and profit sharing plans	G.	Other (describe on Schedule F)		

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3.	Type	s of In	vestn	nents. Applicant offers advice on the following:	(check t	hose	that ar	only)	
		A.	Equ (1) (2)	ity Securities exchange-listed securities securities traded over-the-counter foreign issues		H I.	. Un Op (1)	ited States government settions contracts on: securities commodities	curities
		B.	War	rants		J.	Fut	tures contracts on:	
		C.		porate debt securities er than commercial paper)			(1)	tangibles intangibles	
		D.	Con	nmercial paper		K		erests in partnerships inve	esting in:
		E.	Cert	ificates of deposit			(2)	real estate oil and gas interests other (explain on Schedu	ıle F)
		F.	Mur	nicipal securities		L.	. Oth	her (explain on Schedule l	F)
		G.	(1) (2)	stment company securities variable life insurance variable annuities mutual fund shares				. •	,
4.	Methods of Analysis, Sources of Information, and Investment Strategies.								
	A.	Applicant's security analysis methods include: (check those that apply)							
		(1)		Charting	(4)		Cyclic	cal	
		(2)		Fundamental	(5)		Other	(explain on Schedule F)	
		(3)		Technical					
_	B.	The m	nain s	ources of information applicant uses include: (ch	eck thos	se tha	at apply	y)	
		(1)		Financial newspapers and magazines	(5)		Timing	g services	
		(2)		Inspections of corporate activities	(6)			al reports, prospectuses, fi ties and Exchange Comm	
		(3)		Research materials prepared by others	(7)			any press releases	1551011
_		(4)		Corporate rating services	(8)		Other	(explain on Schedule F)	
	C.	The in	nvest	ment strategies used to implement any investment	advice	givei	n to clie	ents include: (check those	e that apply)
		(1)		Long term purchases (securities held at least a year)	(5)		Margii	n transactions	
		(2)		Short term purchases (securities sold within a year)	(6)			n writing, including cover vered options or spreading	
		<ul><li>(3)</li><li>(4)</li></ul>		Trading (securities sold within 30 days)  Short sales	(7)		Other	(explain on Schedule F)	

**FORM ADV** 

Applicant:

SEC File Number:

Date:

FORM ADV Applicant: SEC File Number				SEC File Number:	Date:	
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5.	Educ	cation a	nd Business Standards.			
			ere any general standards of education or business explining or giving investment advice to clients?			
			(If yes, describe these sta	andards on Schedule F.	.)	
6.		cation ar	nd Business Background.			
	For:  each member of the investment committee or group that determines general investment advice to be given to clients, or					
	•			_	_	
	•		applicant has no investment committee or group, each onts (if more than five, respond only for their supervisor)		ermines general investme	at advice given
	•	each p	rincipal executive officer of applicant or each person	with similar status o	or performing similar fund	ctions.
	On So	chedule I	F, give the:			
	•	name		<ul> <li>formal educat</li> </ul>	tion after high school	
	•	year of	birth	<ul> <li>business back</li> </ul>	ground for the preceding	five years
7.	Othe	r Busin	ess Activities. (check those that apply)			
		☐ A. Applicant is actively engaged in a business other than giving investment advice.				
		В.	3. Applicant sells products or services other than investment advice to clients.			
		C. The principal business of applicant or its principal executive officers involves something other than providing investment advice.				
			(For each checked box describe the other activities	, including the time s	pent on them, on Schedule	F.)
8.	Othe	r Financ	ial Industry Activities or Affiliations. (check those that	at apply)		
		A.	Applicant is registered (or has an application pending	) as a securities brok	ker-dealer.	
			Applicant is registered (or has an application pending) as pool operator or commodity trading adviser.	s a futures commissio	n merchant, commodity	
		C.	Applicant has arrangements that are material to its advisor	ory business or its clie	ents with a related person v	who is a:
			(1) broker-dealer	(7) a	ccounting firm	
			(2) investment company	□ (8) la	aw firm	
	$\boxtimes$		(3) other investment adviser	□ (9) in	nsurance company or age	ncy
			(4) financial planning firm	$\square \qquad \qquad (10)$	pension consultant	
			(5) commodity pool operator, commodity trading adviser or futures commission merchant	$\square \qquad \qquad (11)$	real estate broker or deale	er
			(6) banking or thrift institution	□ (12)	entity that creates or pack	kages limited partnerships
		(	For each checked box in C, on Schedule F identify the relate	d person and describe	the relationship and the arrar	ngements.)
			Is applicant or a related person a general partner in an	• •		
	invest?					

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9.	Parti	icipation o	r Interest in Client Transactions.			
	Applicant or a related person: (check those that apply)					
	A. As principal, buys securities for itself from or sells securities it owns to any client.					
		B. As	broker or agent effects securities transactions for compensation for any clie	ent.		
			broker or agent for any person other than a client effects transactions in wh	nich client securities are sol	ld to	
	$\boxtimes$		bought from a brokerage customer.  commends to clients that they buy or sell securities or investment products	in which the applicant or a	related	
	$\boxtimes$		rson has some financial interest.  ys or sells for itself securities that it also recommends to clients.			
					tions and rubot	
		(For each	n box checked, describe on Schedule F when the applicant or a related person restrictions, internal procedures, or disclosures are used for conflicts of internal procedures.			
10.	accou	ints or hold	Managing Accounts. Does the applicant provide investment supervisory se itself out as providing financial planning or some similarly termed services anditions for starting or maintaining an account?	and impose a minimum de	ollar value of Yes No	
			(If yes, describe on Schedule F.)			
11.				tment advisory accounts, o	ır holds	

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12.	Investment or Brokerage Discretion.						
	A.	Does applicant or any related person have authority to determine, without obtaining specific client consent, the:	37	NT			
		(1) securities to be bought or sold?	Yes ⊠ Yes	No No			
		(2) amount of the securities to be bought or sold?	⊠ Yes	□ No			
		(3) broker or dealer to be used ?	⊠ Yes	□ No			
-		(4) commission rates paid?					
	B.	Does applicant or a related person suggest brokers to clients?	Yes ⊠	No			
		For each yes answer to A describe on Schedule F any limitations on the authority. For each yes to A(3), A(4) or B, describe on Schedule F the factors considered in selecting brokers and determining the reasonableness of their commissions. If the value of products, research and services given to the applicant or a related person is a factor, describe:					
		• the products, research and services					
		<ul> <li>whether clients may pay commissions higher than those obtainable from other brokers in return for those products and services</li> </ul>					
		• whether research is used to service all of applicant's accounts or just those accounts paying for it; and					
		<ul> <li>any procedures the applicant used during the last fiscal year to direct client transactions to a particular broker in return for products and research services received.</li> </ul>					
13.	Addi	itional Compensation.					
	Does	the applicant or a related person have any arrangements, oral or in writing, where it:					
	A.	is paid cash by or receives some economic benefit (including commissions, equipment or non-research services) from a non-client in connection with giving advice to clients?	Yes ⊠ Yes	No □ No			
	B.	directly or indirectly compensates any person for client referrals?	$\boxtimes$				
		(For each yes, describe the arrangements on Schedule F.)					
14.	Bala	nce Sheet. Applicant must provide a balance sheet for the most recent fiscal year on Schedule G if applicant:					
		<ul> <li>has custody of client funds or securities; or</li> </ul>					
		• requires prepayment of more than \$500 in fees per client and 6 or more months in advance	Yes	No			
		Has applicant provided a Schedule G balance sheet?					

Schedule F of Form ADV Continuation Sheet for Form ADV Part II | MedCentric Financial Network | 801-

Applicant:	SEC File Number:	Date:
M IG 41 FL 11N4	001	M1 0 2006

1. Full name of applicant exa <b>MedCentric Financial</b>	actly as stated in Item 1A of Part I of Form ADV: I <b>Network</b>	IRS Empl. Ident. No.: 33-0942212
Item of Form	Answer	
(identify) 1.D.	MedCentric Financial Network (the "Registrant"), throunetwork (the "Network"), enables referrals, mostly high professionals, to obtain financial planning and investment select group of independent SEC or State registered inverselect group of independent SEC or State registered inverselect group of independent second the Network, idea divisors for consideration by the referral, who, if engage compensate the Registrant with a portion of the Advisor (i.e., a referral fee). The Registrant does not provide fin supervisory, management reporting, or implementation sprovided by the participating Network independent SEC advisers that are engaged by the referral pursuant to the separate written agreement between the referral and the engagement of an Advisor, all services, reporting and cli	ly compensated medical nt management services from a estment advisers (the ntifies prospective investment ed by the referral, will 's investment management fee ancial planning, investment services. Rather, all services are or State registered investment terms and conditions of a Advisor. Upon the referral's
	The <i>Registrant</i> believes that medical professionals and of professionals stand to benefit greatly from professional from corporate mission is to bring the benefits of professional management to such professionals through a network of fee-only financial advisers. By pre-screening advisers, It referrals the time and resources needed to find a highly deffective advisor with whom to work. Participating <i>Network</i> by <i>Registrant</i> according to a strict set of criteria covering credentials, experience, compliance with regulatory and compensation (fee-only), commitment to client service, and to engaging any <i>Network</i> advisor. Further, referrals show than one <i>Advisor</i> prior to making a final selection regard. Financial Planning or Investment Management Agreement.	financial advice. Registrant's I financial planning and asset carefully screened, independent Registrant, via the Network saves competent, trustworthy, and cost work advisers have been screened g, among other things, industry standards, method of and asset management practices. Let their own due diligence prior uld consider meeting with more ling with whom they will sign a
	The relevant regulatory disclosures pertaining to each Advisor's written disclosure statement, a copy of which part of the referral process and by the Advisor to each clithe referral engages the Advisor. The written disclosure Advisor's services and fees, among other information. It review the Advisor's written disclosure statement and ad same directly with the Advisor prior to engagement of the planning or investment management services. The terms referral shall engage the Advisor shall be set forth in a set between the referral and the Advisor. The Registrant is a agreement between the Advisor and the referral, and is no whatsoever, with the rendering of any services by the Advisor mongoing monitoring or review of the referral's relationsh.  As set forth in the Registrant's Referral Fee Disclosure Statement to engage an Advisor acknowledge and agree certain referral account information with the Registrant:	will be provided by <i>Registrant</i> as ient prior to or at the time that statement discusses the Each client is encouraged to dress any questions regarding and each conditions under which the eparate written agreement not a party to the written not involved, in any manner dvisor to the referral, nor with the tip with the Advisor.  Statement, all referrals that that the Advisor shall share

Complete amended pages in full, circle amended items and file with execution page (page 1).

Schedule F of Form ADV Continuation Sheet for Form ADV Part II

Applicant:	SEC File Number:	Date:
N 10 ( ) F: ( ) 13( )	001	M1-9 2006

Continuation Sheet for Form ADV Part II | MedCentric Financial Network | 801- | March 8, 2006 |
(Do not use this Schedule as a continuation sheet for Form ADV Part I or any other schedules.)

	not use this Schedule as a continuation sheet for Form ADV Part I or an	
MedCentric Financial	ttly as stated in Item 1A of Part I of Form ADV:  Network	IRS Empl. Ident. No.: 33-0942212
Item of Form (identify)	Answer	
(identify)	conditions of the <i>Advisor's</i> participation in the <i>Network</i> . The <i>Registrant</i> shall be required to correspondingly acknowledge its obligation to maintain all such information in strict confidence in accordance with the Privacy Policy adopted by the <i>Advisor</i> pursuant to Regulation SP.  As described in the <i>Registrant's</i> Disclosure Statement, if an existing client referred by <i>Registrant</i> to <i>Advisor</i> refers a new client to <i>Advisor</i> , <i>Registrant</i> will be entitled to a portion of the fee received by <i>Advisor</i> for such clients.	
	Registrant does not receive any remuneration for refe	erral of financial planning services.
5.	All advisors selected for participation in the <i>Network</i> individuals who, in addition to having substantive invearned a college degree and have completed the requiremental Planner® designation. In addition, all such required investment licenses and/or designations.	vestment experience, must also have irements to use the Certified
6.	Erik William Thurnher, M D., CFP, born 1962, is a Certified Financial Planner <sup>®</sup> and Board Certified emergency physician. He was raised and attended school in the Bay Area of California. He earned his undergraduate degree at the University of California at Berkeley, graduating with a degree in history in 1986. He later was employed in the financial services industry in both administrative and sales capacities from 1988 to 1990. He went on to earn an M.D. from the George Washington University School of Medicine and lived in the nation's capital from 1991 to 1995. Erik Thurnher completed the Certified Financial Planner Education Program while simultaneously attending medical school in Washington, D.C. and earned the CFP designation in October of 2001. Dr. Thurnher organized MedCentric Financial Network (the " <i>Registrant</i> ") in 2001.	
	Dr. Thurnher is a Board Certified emergency physicis	an working in Anaheim, California.
7.C. & 8.C.(3).	Erik William Thurnher, M.D., CFP, the President of President of Newport Financial Advisors, Inc. dba Ph ("PFA"), a California registered investment adviser the Registrant; and (2) a practicing physician. PFA is a investment adviser, and as such, may provide service Registrant shall be entitled to receive a referral fee. It approximately eighty percent (80%) of his time to PF spent equally to his medical career and the Registrant	hysicians' Financial Advisors hat shares office space with the participating <i>Network</i> registered to physicians, for which the Dr. Thurnher currently devotes FA, with the remainder of his time
9.E.	As discussed above in the response to Item 1D, the <i>Reg</i> planning, investment supervisory, management, reporti Accordingly, the <i>Registrant</i> does not buy or sell securit <i>Network</i> referrals. However, as discussed in the respon related person of the <i>Registrant</i> , also serves as an <i>Advis</i> entitled to receive a referral fee in conjunction with the related persons, may buy or sell for itself securities that referrals.	ng, or implementation services. ties that it also recommends to use to Item 8C(3) above, PFA, a sor for which the <i>Registrant</i> shall be <i>Network</i> . As such, PFA, and its
	1	

Schedule F of Applicant:
Form ADV
Continuation Sheet for Form ADV Part II MedCentric Financial Network

Applicant:	SEC File Number:	Date:
MedCentric Financial Network	801-	March 8, 2006

(Do not use this Schedule as a continuation sheet for Form ADV Part I or any other schedules.)

	t use this Schedule as a continuation sheet for Form ADV Part I or any	
<ol> <li>Full name of applicant exactly as stated in Item 1A of Part I of Form ADV:</li> <li>MedCentric Financial Network</li> </ol>		IRS Empl. Ident. No.: 33-0942212
Item of Form		00 0/ 1222
(identify)	Answer	
10	As discussed above in the response to Item 1D, the <i>Re</i> planning, investment supervisory, management, report Accordingly, the Registrant does not maintain or impowho engage an <i>Advisor</i> via the <i>Network</i> . However, an account minimums for investment management service its participation in the <i>Network</i> , has agreed that the mamanagement fee that may be charged to any <i>Network</i> in placed under the <i>Advisor's</i> management.	ting, or implementation services.  see account minimums for referrals a <i>Advisor</i> may have established es. Each <i>Advisor</i> , as a condition to aximum annual investment
12.A. & 12.B.	Pursuant to the written agreement between the <i>Registra</i> accounts introduced to <i>Advisors</i> through the <i>Network</i> see Charles Schwab & Co., Inc. Exceptions to this require basis. The factors considered by the <i>Registrant</i> when a custodians include financial strength, reputation, executed of investment programs and services provided.	shall currently be maintained at ement are made on a case by case reviewing prospective account
	In addition, with respect to Items 12 A. (1) and (2), PF <i>Registrant</i> , also serves as an <i>Advisor</i> for which the <i>Reg</i> a referral fee in conjunction with the <i>Network</i> . The rel PFA (and all other <i>Advisors</i> ) shall be set forth in each statement, a copy of which will be provided by the <i>Reg</i> process and by the <i>Advisor</i> to each client prior to or at the <i>Advisor</i> . The written disclosure statement discusse among other information. Each client is encouraged to disclosure statement and address any questions regardiprior to engagement of the <i>Advisor</i> to provide financial management services.	gistrant shall be entitled to receive levant disclosures pertaining to Advisor's written disclosure gistrant as part of the referral the time that the referral engages es the Advisor's services and fees, o review the Advisor's written ing same directly with the Advisor
13.A. & 13.B.	As discussed in the response to Item 1D above, the <i>Re</i> identifies <i>Advisors</i> for consideration by referrals who, compensate the <i>Registrant</i> with a portion of the <i>Advisor</i> investment management fee. The compensation arrang the <i>Advisor</i> is disclosed to the referral. The compensation the <i>Advisor</i> shall be paid directly from the <i>Advisor</i> referral paying more for an <i>Advisor's</i> services had he/s independent of the <i>Registrant</i> and the <i>Network</i> .	if engaged by the referrals, will or's financial planning and/or gement between the <i>Registrant</i> and tion received by the <i>Registrant</i> or's fee and shall not result in any
	As indicated in the response to Item 8C(3) above, PFA <i>Registrant</i> , also serves as an <i>Advisor</i> for which the <i>Reg</i> a referral fee in conjunction with the <i>Network</i> .	
	In addition certain <i>Advisors</i> , including PFA, may also Item 13. The relevant disclosures pertaining to PFA (a forth in each <i>Advisor's</i> written disclosure statement, a the <i>Registrant</i> as part of the referral process and by the	and all other <i>Advisors</i> ) shall be set copy of which will be provided by

Schedule F of	Applicant:	SEC File Number:	Date:
Form ADV			
Continuation Sheet for Form ADV Part II	MedCentric Financial Network	801-	March 8, 2006

(Do not use this Schedule as a continuation sheet for Form ADV Part I or any other schedules.)

1. Full name of applicant exactly as stated in Item 1A of Part I of Form ADV:		IRS Empl. Ident. No.:
MedCentric Financial No	etwork	33-0942212
Item of Form		
(identify)	Answer	
	at the time that the referral engages the <i>Advisor</i> . The written disclosure statement discusses the Advisor's <i>services</i> and fees, among other information. Each client is encouraged to review the <i>Advisor's</i> written disclosure statement and address any questions regarding same directly with the <i>Advisor</i> prior to engagement of the <i>Advisor</i> to provide financial planning or investment management services.	

Complete amended pages in full, circle amended items and file with execution page (page 1).