

Sunset Family Health Center
10395 NW Glencoe Road, Suite 200
North Plains, Oregon 97133
Phone (503) 647 - 9400
Fax (503) 647-5120

The offices of Michelle L. Mears, MD and Jill R. Russell, DO

PATIENT DISCLAIMER

Patient Name: _____

I understand that my insurance company _____ may not pay for charges related to my treatment today.
(name of insurer)

In the event that my insurance company does not pay for any or all of today's charges, I agree to pay the outstanding charges myself.

Patient Signature: _____
(parent or guardian signature if patient is a minor)

Date: _____

Please print name: _____

Acct. # _____