

EAST VALLEY E.N.T.

OTOLARYNGOLOGY/HEAD & NECK SURGERY
ALLERGY, HEARING, VOICE CARE, PEDIATRIC ENT & NASAL SURGERY

WARREN S. LINE, JR., M.D., F. A. C. S.

**** NON-MEDICAL PROVIDER AGREEMENT ****

I, _____, understand that East Valley ENT,
(Print Name)
the medical office of Warren S. Line, Jr., M.D., is no longer contracted with
MediCal. I will be financially responsible for my Medicare deductible,
co-payment, and any other charges incurred as a result of the services
provided here.

Patient/Guarantor Signature

Date

ADDRESS: 191 S. BUENA VISTA STREET, SUITE #320, BURBANK, CA 91505
PHONE: (818) 559-9727 **FAX:** (818) 559-5514 **EMAIL:** EASTVALLEYENT@AOL.COM