

**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.*

**\*\* OUT-OF-NETWORK & NON-PARTICIPATING PROVIDER AGREEMENT \*\***

I, \_\_\_\_\_, understand that East Valley ENT,  
(Print Name)  
the medical office of Warren S. Line, Jr., M.D., is out-of-network and/or  
a non-participating provider with my insurance company:

\_\_\_\_\_  
(Print Name of Insurance Company)

**By signing this agreement, I understand that I am choosing to receive  
services from a physician NOT contracted with my insurance company,  
and I agree to pay, at the time of service, for all 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**  
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