

OB-GYN ASSOCIATES OF CHICO
A Medical Group
1665 Esplanade
Chico, CA 95926

Steven Lazaro, M.D., Inc.
Susan Kehm, M.D., Inc.
Walter S. Mazen, Jr., M.D., Inc.

Date: _____

I, _____ understand that all charges for my
Medical care by the above physicians are my responsibility to pay. I understand that
even if I have insurance that covers the cost of medical care, it is my responsibility to
make sure this account is paid in full within a timely manner. I also understand that
interest will accrue on the unpaid balance 30 days after insurance has paid at 1 ½% per
month.

Furthermore, I understand that if I have questions or disagreements about any charges,
that I am welcome to talk to the office manager.

Signature