

Complete Care Health Centers
1296 S. Shasta Ave
Eagle Point, OR 97524
(541) 830-4325



Refund Request

Insurance

Patient

Date:

Patient Name:

Claim Number:

Insurance:

DOS:

Checks:

Total Refund:

Reason for Refund:

Mail Insurance Refund to:

Confidentiality Notice:

The document(s) accompanying this telecopy transmission may contain confidential information, belonging to the sender, that is legally privileged. The information is intended only for the individual or entity named in the distribution or the taking of any action in the reliance on the contents of this telecopied information is strictly prohibited. If you have received this telecopy in error, please notify us by telephone at (541) 830-4325 and ask for Billing immediately to arrange for return of the original documents to us.

~Improving Quality of Life Beyond Any Reasonable Expectation.~
www.CompleteCare.net