

Complete Integrative Care  
3156 State Street  
Medford, OR 97504  
(541) 773-9772



COMPLETE  
CARE

## Refund Request

**Insurance**

**Patient**

**Date:**

**Patient Name:**

**Claim Number:**

**Insurance:**

**DOS:**

**Checks:**

**Total Refund:**

**Reason for Refund:**

**Mail Insurance Refund to:**

### **Confidentiality Notice:**

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