

**Green Oaks Medical Center, PC  
Dr. Christine Green  
2490 Hospital Drive, Suite 209  
Mountain View, CA 94040**

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**Are you now, or will you be during the span of your treatment a  
Medicare Beneficiary?**

Yes \_\_\_\_\_ No \_\_\_\_\_

Patient (or parent guardian)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If yes, please continue to fill out the attached Medicare Agreement.**

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