

**Green Oaks Medical Center, PC
Dr. Christine Green
3200 Middlefield Rd., STE B
Palo Alto, CA 94306**

**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.
