



United States Department of the Interior

NATIONAL PARK SERVICE

Yosemite Medical Clinic
P. O. Box 550
Yosemite, California 95389

Member Acknowledgement of Financial Responsibility

Yosemite Medical Clinic has indicated that the services listed are not covered under your benefit plan.

Your signature on this form acknowledges that you agree to bear the full financial responsibility for all services provided as listed below if:

- The services are not covered under your Blue Cross Blue Shield Benefit Plan, or
- The services have not been otherwise approved for payment by Blue Cross Blue Shield.

Service Description _____

Date of Service _____

Billed Amount _____

Patient or Patient's Legal Representative Name (Please print)

Patient or Patient's Legal Representative Signature

Date

Ralph Groves, M.D. Brian Burt, PA-C

Provider or Provider's Legal Representative Name (Please print)

Provider or Provider's Legal Representative Signature

Date