



SOUTHERN INDIAN HEALTH COUNCIL, INC.

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Dear Patient:

*Be advised that all patients coming to Southern Indian Health Council must provide proof of insurance, Medi-cal or Medicare. Native Americans must provide verification, tribal affiliation or a letter from the Bureau of Indian Affairs. If verification is not provided, only the initial office visit will be covered free of charge. If you are not covered by Contract Care Services, you may be charged for laboratory services, medication and x-ray fees.

ALL FEES MUST BE PAID AT TIME OF SERVICES.

*Any services not covered by your insurance will be your responsibility to pay. We appreciate your cooperation. If you have any questions feel free to ask

*I have read and understand this letter regarding payment for all services and Native American verification.

Patient Name _____ Date _____

Signed _____ Relation: _____
(Patient/Guardian)