



*Chino Hills Family
Medical Group*

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You may receive a bill from a laboratory for any tests or imaging conducted outside of this office. **Please be advised that any laboratory/radiology fees, and or bills that you receive are your responsibility.**

If your insurance does not cover particular laboratory tests, images, or requires that you use a specific laboratory for such procedures, **it is your responsibility to inform this office. Please contact your insurance carrier if you do not know what is covered by your policy.**

I have read and acknowledge receipt of this notice.

Patient of Guarantor Signature

Date

Print Name of Patient or Guarantor