

**BOISE FAMILY MEDICINE CENTER  
10798 W. Overland Road  
Boise, Idaho 83709  
(208) 377-3368**

**SIGNATURE ON FILE**

Date: \_\_\_\_\_

Boise Family Medicine Center will bill my medical insurance one time per visit as a courtesy. I hereby authorize payment to be made directly to my provider the benefits otherwise payable to me for services, but not to exceed the usual and customary charges. I am responsible for all fees regardless of insurance coverage.

\_\_\_\_\_  
print patient name

\_\_\_\_\_  
signature of patient or financially responsible adult