

Northwest Endocrinology & Diabetes PC

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Simple Agreement Form

In the event that Dr. Nihad Muhrez and/or NW Endocrinology & Diabetes receive any checks from my Insurance Company made payable to myself, I, _____ give permission to Dr. Nihad Muhrez to deposit these checks and apply them to my account for services provided by Dr. Nihad Muhrez and NW Endocrinology & Diabetes.

Signature: _____

Date: _____