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### **Statement of Financial Responsibility**

I understand and agree to the following:

- Payment for services rendered is my responsibility as the patient or patient's responsible party.
- I am responsible for paying for all services, including lab tests, rendered at the time of service.

If I am billing insurance for services rendered, I understand and agree to the following:

- I must submit invoices from Eveningstar Natural Health to my insurance carrier for reimbursement.
- I authorize Eveningstar Natural Health to release pertinent medical records related to billing. This release applies to support of the insurance billing process only.
- I am responsible for any and all charges at time of services.

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Signature

Date