

**Raj Patel, M.D.**  
**Medical Options for Wellness**  
**1098 Foster City Blvd., Suite 305**  
**Foster City, CA 94404**  
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Are you now, or will you be during the span of your treatment, a Medicare Beneficiary?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

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Patient (or parent/guardian) Signature

Date

**If yes, please continue to fill out the attached Medicare Agreement.**

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