



Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.



Patient Name
DOB
MRN
Physician
CSN



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التصريح بتلقي المدفوعات والفواتير (تابع)

Medicare

Medicare

Medicare

Medicare

Medicare Part D

Medicare Drug

Medicare

Part D

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الترجمة: