

Hung D. Tran, M.D. LLC  
Diplomate American Board of Psychiatry and Neurology  
Practice Limited to Psychiatry

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**OREGON HEALTH PLAN PATIENT RESPONSIBILITY WAIVER**

Dr. Hung D Tran is NOT a provider for the Oregon Health Plan.

As such, ALL services by Dr. Hung D Tran are NOT covered benefits under the Oregon Health Plan. All diagnostic services and treatments under CPT codes 90000 to 99999 by Dr. Hung D Tran are NOT covered benefits under the Oregon Health Plan.

I, \_\_\_\_\_  
understand that Dr. Hung D Tran is NOT covered for payment under the Oregon Health Plan or any of its affiliation. If I or my dependent chooses to receive services at any time with Hung D Tran, MD, that I agree to be personally responsible for paying the fees in full. The estimated amount that I may be responsible for each service is up to \$600. My payment at the time of service indicates that I have agreed to the amount charged.

I understand that this waiver is continuously enforced unless there is a change in Dr. Hung D Tran's status with the Oregon Health Plan, or unless I give written instruction to cancel this waiver. I agree to inform Dr. Tran's office immediately of any change in my insurance benefits.

I understand that I do not have to sign this waiver, and that I am free to seek medical services elsewhere that would accept the Oregon Health Plan. I understand that I can contact my OHP's representatives for any question about my rights or obligations. I understand that I can terminate this waiver at any time by simple written instruction; however, the termination is not retroactive to services that have already been provided.

\_\_\_\_\_  
Signature of Patient or Responsible Person

\_\_\_\_\_  
Date