

Charges Paid By ScreenWise

The Oregon ScreenWise Program agrees to cover the main costs for your visit, but does not cover all services you may want or your provider might recommend. You are still eligible to receive ScreenWise services even if you turn down other services offered or recommended.

Name (Printed): _____

Name (Signature): _____

Date: _____

Charges Not Paid by ScreenWise

I agree to pay for the following:

| Service / Product | Estimated Cost |
|-------------------|----------------|
| | |
| | |
| | |
| | |

Estimated Total: _____

Name (Printed): _____

Name (Signature): _____

Date: _____