

Keith A. Wagner, D.C.  
5716 Ammons Street  
Arvada, CO 80002

**IT IS MY DECISION NOT TO  
HAVE DR. KEITH WAGNER'S  
OFFICE BILL MY INSURANCE  
COMPANY FOR SERVICES I  
HAVE HAD AND WILL RECEIVE  
AT HIS OFFICE.**

\_\_\_\_\_  
NAME (PRINT)

\_\_\_\_\_  
DATE (PRINT)

\_\_\_\_\_  
SIGNATURE