

Quitman County Board of Ed
P.O. Box 248
215 Kelgler Road
Georgetown, GA 39854
229-334-4189

Claim Number _____

I, _____ on _____ was given my choice
(Name) (Date)

of panel doctors/clinics.

_____ I choose to see Dr. _____.

_____ I have no preference.

_____ I choose not to go to the doctor at this time.

I understand that if I go to a physician that is not on the posted medical panel, I will be responsible for the bill.

Associate Signature _____

Date _____ Time _____

Witness _____

Date _____ Time _____