

NOTICE REGARDING INSURANCE COVERAGE ***PLEASE READ CAREFULLY***

- The parent or guardian is solely responsible to determine if your child has wellchild, immunization or illness coverage prior to each office visit.
- Caring Pediatric Partners PC is not responsible for verifying your insurance coverage.

PLEASE BE AWARE THAT YOUR INSURANCE MAY HAVE THE FOLLOWING:

- A Co-pay for office visits
- A Deductible that may need to be met
- Certain immunizations may be covered, while others are not
- Penalties such as higher deductibles or co-pays if Caring Pediatric Partners PC is "Out of Network" or "Non-Participating" with your insurance.
- Caring Pediatric Partners PC does NOT know this information. You are the policy holder and must research this information for your own benefit.
- This office is not responsible for any dissemination or disclosure of your confidential medical information once we provide such information, at your request, to your health insurer or employer.
- There will be a fee for any closed checking accounts and NSF checks. If an account is sent to a collection agency the SS#, address, telephone and employer information will be sent to the agency on both parents.

THANK YOU FOR YOUR COOPERATION REGARDING THESE MATTERS.

The signature below acknowledges that I have read and understand the above information.

Child's Name

DOB

Parent/Guardian (Print)

Signature

Date

Revised 3/1/2021