

# Elite Pediatrics

## Acknowledgment of Review of Notice of Privacy Practices

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

\_\_\_\_\_

Signature of Parent or Guardian

Date

Unless your visit is scheduled urgently, Elite Pediatrics has verified insurance coverage prior to your office visit and will file an insurance claim for you.

Covered benefits quoted by your insurance company representative do not guarantee payment. Services and items received on this date may not be covered by your insurance plan. You will be responsible for all care provided that is denied as "not a covered benefit" by your insurance carrier.

We encourage you to familiarize yourself with your insurance benefits. Deductibles, co-pays, "well" care and routine physical examinations, immunizations, and illness-related coverage vary depending on your insurance company and the plan you have purchased.

We will allow your insurance company eight weeks, after a receipt of a "clean claim", to issue payment. If a balance remains outstanding after this period of time, you will be notified.

## Missed/Cancelled Appointment Policy

If you need to cancel an appointment, please contact our office NO LATER THAN 24 HOURS FROM APPOINTMENT TIME.

## I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION

\_\_\_\_\_

Patient Name

\_\_\_\_\_

DOB

\_\_\_\_\_

Responsible Party/Signature/Relationship

\_\_\_\_\_

Date