

MEMPHIS PEDIATRICS, PLLC

Date: _____

Account # _____

This is to acknowledge that I have not yet added my child, _____, to my insurance plan. I understand that I have 30 days in which to add him or her. I agree to contact my insurance company as soon as possible and take care of this matter. I will also work with my insurance company until they reprocess all claims for Memphis Pediatrics that were filed prior to my adding my child to the plan.

I understand and agree that, although Memphis Pediatrics files my insurance claims as a courtesy, I am responsible for payment of all medical expenses for my children. I agree to pay directly to Memphis Pediatrics all expenses due and owing on my children no later than 60 days from the date of service if, for any reason, my insurance company does not pay. This agreement is binding for all services that Memphis Pediatrics provides for my children and includes, but not limited to, services provides for my newborn child prior to being added as a dependent to my insurance plan.

Responsible Party's Signature