

INSURANCE COVERAGE AGREEMENT

We appreciate the confidence you have shown in our practice by coming to Cornerstone Pediatrics for your child's pediatric needs. It is our sincerest desire to see that our patients have a pleasant experience while in our care, like assisting them with the filing of insurance claims. Clarifying medical benefits is part of our service. Please note that Insurance is not a guarantee of payment.

❑ NEWBORN INSURANCE COVERAGE:

If you have a newborn that needs to be added to a medical policy, we request that you do so before the first office visit, as the baby's benefits must be active and verifiable by the time of the visit. Information pertaining to your child's medical insurance must be available to us for confirmation of benefits prior to your newborn's first office visit. On this day be sure to bring your insurance card and personal identification as well. We request that you pay all non-covered fees such as co-pays, deductibles and any co-insurance at the time the service is rendered. Should your benefits prove insufficient to cover this visit, the parent/guardian/guarantor agrees to pay all remaining charges due in full, by the time of the next office visit or when a statement is received, whichever comes first. For your convenience we accept most major credit cards.

❑ UNVERIFIABLE MEDICAL INSURANCE BENEFITS:

Having all pertinent insurance information is essential for the completion of a claim; this includes verifiable active insurance benefits on the day of your child's office visit. At times we may be unable to verify medical benefits due to technological difficulties or servicing patients after an insurance company's office hours. Under these circumstances we will in good faith, extend service for this office visit and temporarily bypass the eligibility process. We request that you pay all non-covered fees such as co-pays, deductibles and any co-insurance at the time the service is rendered. Should your benefits prove insufficient to cover this visit and any others incurred thus far, the parent/ guardian/ guarantor hereby agrees to pay the charges due in full, by the time of the next office visit or when a statement is received, whichever comes first. For your convenience we accept most major credit cards.

I, _____, the parent/guardian seeking medical assistance for _____, have read, understand and agree to uphold the terms of the Insurance Coverage Agreement and understand that I am legally responsible for and do agree to pay all charges incurred at Cornerstone Pediatrics, that are not covered by the insurance benefits I have presented.

PRINT NAME

SIGNATURE

TODAY'S DATE

*Timely payment is most appreciated. Please be advised, should Cornerstone Pediatrics have to submit a past due account to a collections agency, the guarantor's credit may be harmed.

