



**Insurance Information**

**Primary Policy:** Policy Holder's Name: \_\_\_\_\_

Policy Holder's Birth Date: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy ID#: \_\_\_\_\_

Group #: \_\_\_\_\_ Gender: Male/Female

**Secondary Policy:** Policy Holder's Name: \_\_\_\_\_

Policy Holder's Birth Date: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy ID#: \_\_\_\_\_

Group #: \_\_\_\_\_ Gender: Male/Female

**Consent for Treatment in My Absence:** I hereby give South County Pediatrics Associates advance consent to any medical procedure for the above-named child(ren) in the event that I am unable to accompany him or her to the office and he or she is accompanied by one of the following:

1: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

2: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Consent to Treat:** I hereby give South County Pediatrics Associates or their designee authority to administer treatment to the above-named child(ren).

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Financial Responsibility:** I hereby assign all medical and/or surgical benefits to which I am entitled through private insurance for my dependents to South County Pediatrics Associates. I understand that I am responsible for the charges incurred with my child's care. If insurance fails to cover these charges, I understand that I am responsible for all charges. I will be responsible for collection costs, including a 15% collection fee in addition to the original amount due, and attorney fees associated with the cost of resolving my account. I also consent to release of any information to my insurance company or their designated representatives for claims processing or any other purpose for which they may request copies of medical records. This release will remain valid unless I revoke it in writing to South County Pediatrics.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_