



South River PEDIATRICS

NEW PATIENT/NEWBORN WAIVER

I state that I have not yet provided South River Pediatrics with my child's, _____, completed insurance information. I acknowledge that no coverage is bound until I have provided South River Pediatrics with the necessary insurance information for my child.

I understand that all balances must be paid in full within one month (30 days). Further, I understand that my signature on this form establishes me, _____, as financially responsible for all patient balances.

This waiver states, therein, the signer accepts full assumption of financial responsibility for any and all unpaid charges after the one month (30 day) period has elapsed. After which, the patient is considered a self-pay patient.

Signature _____

Date: _____