



South River Pediatrics Newborn Insurance Policy Waiver

I state that I have not yet provided South River Pediatrics with my child's _____
_____ completed insurance information. I acknowledge that
(Child's Name)
coverage is not effective until I have provided South River Pediatrics with the necessary
insurance for my child. I understand that all balances must be paid, in full, within one
month (thirty (30) days). Further, I understand that my signature on this form denotes
me, _____, as financially responsible for all patient
(Parent's Name)
balances. This waiver states, therein, the signer accepts full assumption of financial
responsibility, for any and all unpaid charges, after the one month (thirty (30) day)
period has elapsed.

Parent/Legal Guardian Signature: _____ **Date:** _____