



happy kids *pediatrics*

PARENT ACKNOWLEDGEMENT & CONSENT FORM

PATIENT NAME: _____

DATE OF BIRTH: _____

INSURANCE PLAN: _____

I _____ parent of _____

Acknowledge that my child's health insurance for today's visit is unable to be verified. By signing this agreement, I agree to take full financial responsibility by making a payment in case that this office visit is not covered for medical services rendered I have been informed and voluntarily undertake this decision without undue pressure or duress.

PARENT NAME/ LEGAL GUARDIAN: _____

PARENT SIGNATURE/ GUARDIAN SIGNATURE: _____

DATE: _____