



Responsible Party Signature Form

_____ Date

RESPONSIBLE PARTY

The Responsible Party is the person who is FINANCIALLY responsible for the patient's account(s) and who will receive all account statements to their address. By signing, I understand that I am the responsible party and will adhere to the requirements outlined in the policies provided to me for the following patients as well as future patients registered in my name at Parkside Pediatrics.

_____ Name of Responsible Party (PLEASE PRINT)

_____ Relation to Patient(s)

PATIENTS COVERED BY RESPONSIBLE PARTY

_____ Child's Last Name

_____ First Name

_____ Date of Birth

_____ Child's Last Name

_____ First Name

_____ Date of Birth

_____ Child's Last Name

_____ First Name

_____ Date of Birth

_____ Child's Last Name

_____ First Name

_____ Date of Birth

_____ Child's Last Name

_____ First Name

_____ Date of Birth

_____ Child's Last Name

_____ First Name

_____ Date of Birth

WAIVER OF LIABILITY

_____ Responsible Party Initials

I understand that the treatment/service from the providers and physicians at Parkside Pediatrics for the patients listed above may not be a covered treatment/service or may not be covered at 100%. I agree to be personally and fully responsible for any balance due.

PAYMENT POLICY

_____ Responsible Party Initials

Parkside Pediatrics is committed to providing the best treatment for our patients. Our pricing structures are representative of the usual and customary charges for our area. Thank you for adhering to our payment policy. Signing below indicates that you are the responsible party which means you are financially responsible for this patient and have read and understand the payment policy and agree to abide by its guidelines.

RESPONSIBLE PARTY ACKNOWLEDGEMENT

I understand that I am the responsible party for the patients listed above and future patients registered in my name at Parkside Pediatrics and I agree to the terms of the Waiver of Liability and Payment Policy. I have been given a copy for review and I am aware of the availability of these documents in the office at Parkside Pediatrics as well as online at www.parksidepediatrics.com.

_____ Signature of Responsible Party

_____ Date