Happy Kids Pediatrics

AUTHORIZATION TO TREAT PATIENTS AND MANAGE PAYMENTS

I hereby authorize HAPPY KIDS PEDIATRICS LLC or any medical provider authorized by it to provide such medical services, either regular or emergency, as maybe determined by the medical provider to be in the best interest of my child (or in the best interest of my dependent if I am signing as a parent or a guardian). Further, I assign, transfer and set over to HAPPY KIDS PEDIATRICS LLC, all of the rights, title and interest to my child's or dependent's medical reimbursement benefits under my insurance policy with the insurance policy(ies) listed in my child/dependent's record or any other third-party payor that may be responsible for paying me for these services. Should payments be made directly to me, I agree to immediately endorse such payments to HAPPY KIDS PEDIATRICS LLC. In those cases where payment is not collected at the time of service, I understand that I am responsible for the cost of medical services rendered and agree to pay any and all amounts not paid by others within sixty days from the date billed unless there are agreements between me or my insurance company with HAPPY KIDS PEDIATRICSLLC. I also agree to pay all collection costs, including but not limited to bad check charges, court costs, witness expenses and reasonable attorney fees if it becomes necessary to turn this account over to an outside party for collection. These authorizations and releases remain in effect until I chose to revoke them by delivering a written statement to HAPPY KIDS PEDIATRICS LLC. For Medicare patients with Medigap (or supplemental insurance) I request that payment of authorized medigap benefits be made on my behalf to HAPPY KIDS PEDIATRICS LLC for any services furnished to my child or dependent by that supplier. I authorize any holder of Medical Information about my child or dependent to be released to the Medigap insurer needed to determine these benefits. This authorization is in effect until I chose to revoke it.

Happy Kids Pediatrics

ACKNOWLEDGEMENT

I have reviewed the Authorization to Treat and Manage Payments of Happy Kids Pediatrics and agree to all its terms.

Please list all your children with their first and last names, and date of birth, who receive care at Happy Kids Pediatrics.

Patient Name # 1: _____ Patient Name # 2: _____
Date of Birth: _____ Date of Birth_____

Patient Name # 3: _____ Patient Name # 4: _____
Date of Birth: _____ Date of Birth_____

Patient Name # 5: _____ Patient Name # 6: _____
Date of Birth: _____ Date of Birth_____

Parent or Legal Guardian Name: _____

Parent or Legal Guardian Signature: _____

Date: _____