Patient Name: _____ **Date of Birth:** _____

Confirmation of Insurance

By signing below, I confirm that the insurance information currently on file in the patient record is up to date and valid. I further agree to advise Bloomington Pediatrics immediately of any changes to my insurance coverage.

Signature: _____ **Date**: _____
Insured Subscriber/Responsible Party

Responsibility for Payment for Services Rendered

By signing below, I authorize Bloomington Pediatrics to submit claims for services rendered to the insurance company/companies provided by me. I authorize the release of protected health information to said insurance companies for the processing of claims. I understand that I am responsible for payment of services rendered and agree to pay any fees for services not covered by insurance, including, but not limited to co-insurance and deductible amounts. I agree to pay at the time of service any co-payment required by my insurance. I also understand I will be held responsible for the payment of any collection fees should my account be sent into collection proceedings.

Signature: _____ **Date**: _____
Guarantor of Payment/Responsible Party

Consent to Medical Treatment

By signing below, I consent to and authorize the physicians, nurses and other healthcare providers at Bloomington Pediatrics to perform appropriate healthcare examinations, treatment, diagnostic testing or medication administration as deemed medically necessary by their professional judgment. I know that there are some risks with all medical treatments and procedures, and I understand that no one can guarantee how well treatments or procedures will work.

In addition to the legal guardians of the patient, the persons below are authorized to schedule and/or accompany the patient to their appointments, consent to recommended medical care, and receive health information about the patient. This consent will expire upon the patient's 18th birthday, at which time a new consent must be signed.

Name: **Relationship to child:**

1. _____

2. _____

3. _____

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