

Centre Pediatric Associates, PC  
One Brookline Place, Ste. 327  
Brookline, MA 02445

### Patient Financial/Insurance Waiver

Your child's visit for a routine physical exam may or may not require a copay. If your doctor provides any services that are not covered by your plan, your insurance company may not pay the total amount. In the event this happens, you will be billed and be responsible to pay a copay or deductible according to the insurance plan you selected. Please call your insurance company directly for specifics regarding your insurance plan.

As a member of \_\_\_\_\_ insurance, I agree to take full responsibility for any services provided to my child(ren) by Centre Pediatric Associates, PC. This includes if my insurance company denies payment of my claims for any reason including ineligibility, incorrect primary care provider (PCP) selection, or because the services are not covered by my insurance plan.

Insurance Subscriber: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Child/Children's Name (s):

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Parent/Guardian name (print) \_\_\_\_\_

Date: \_\_\_\_\_