Child's Name_____ Birth Date_____

Name of Person Responsible for Unpaid Balance

Name_____ Date of Birth_____ Soc Sec #_____
Last First
Address (if different)_____City_____ State_____ Zip_____

Relationship to child_____ Phone ( )_____

Employer_____ Address_____ Phone ( )_____

Authorized Care Givers

The following people are authorized to bring my child to *Pediatrics West* for evaluation and treatment, including immunizations:

_____ _____
Name Relationship

_____ _____
Name Relationship

Authorization for Treatment and Release of Information

I hereby authorize the *Pediatrics West physicians*, or whomever is designated to evaluate and treat my above named child and to release to our insurance company any information acquired in the course of my child's examination or treatment, and to receive all payments for such examination or treatment.

The physicians at Pediatrics West have my permission to release any diagnostic studies, reports, etc., to a specialist involved in caring for my child.

I give permission to enter my child's immunization record into the Wisconsin Immunization Registry (WIR) for the purpose of maintaining a complete and accurate record and to assist in assuring full immunization.
Please check here if you do **NOT** give permission ☐

Payment Policies

Payment is expected at the time of visit. If your child is covered by insurance, we will submit charges to the insurance on your behalf, but *co pays are to be paid at the time service is rendered.* If payment can not be made at the time of service, arrangements will be made for future payment. All returned checks will be subjected to a service charge.

All insurance information must be received by *PEDIATRICS WEST* within *3 days* of the service date. If the information is not received, the charges will become your responsibility.

I understand that I am responsible for payment of services unpaid by my insurance company.

In divorce situations, the responsible parent is responsible for payment of charges, regardless of divorce decree. If payment issues exist, they must be resolved between the parents.

_____ _____
Signature of Parent or Legal Guardian Date