

Please Read and Initial:

_____ I have verified and understand my insurance coverage and benefits and am aware that if the insurance information I have provided is not valid, I am responsible for all charges.

_____ I understand and agree I have the ultimate financial responsibility for services rendered. I am financially liable for all services, all non-covered charges as well as for all co-pays and/or all deductibles under private insurance. I understand that it is my responsibility to update all insurance information by providing timely updated information.

_____ I understand and agree that it is my responsibility to inform YouthCare at each visit if my insurance requires the use of a preferred laboratory PRIOR to having labs performed.

_____ I understand and agree should I miss two appointments without a 24 hour notification (no-show) my child will be considered inactive with YouthCare.

_____ I have received a copy of YouthCare's Notice of Privacy Practices.

_____ I authorize Youthcare and its staff to perform medical evaluations and provide treatment as deemed necessary.

_____ is authorized to assist me in all aspects of patient care in the event of my absence. This authorization will expire when the patient is of legal age.
Name and Relationship (other than parent)

Signature: _____

Date: _____