Bradley J. Dyer, MD, FAAP
Robert C. Duncheskie, MD, FAAP
Kathryn E. Italia, MD, FAAP
Jennifer Melnychuk, MD, FAAP
Aaron A. Chambers, MD, FAAP
Avani S. Mehta, MD, FAAP
Jill Schwartz, RN, CPNP, IBCLC
Judy Nagy, RN, CRNP

ALL STAR PEDIATRICS

...where every child is a star.

Patient Name (s) & DOB _____ _____

_____ _____

Patient's Financial Responsibility Disclosure

As a courtesy, All Star Pediatrics has agreed to file a claim for services rendered with my insurance carrier. I am responsible and expected to pay All Star Pediatrics for the following:

1. Any co-payment as set by my insurance carrier
2. Any unsatisfied deductible or termination of coverage
3. Any amount my insurance carrier deems my responsibility
4. Any amount considered non-covered by my insurance carrier
5. Any charges for extensive forms preparation or completion.

While my insurance card may state that I am covered at a 100%; there may be additional charges I may incur from my visit today.

I understand that payment is required at the time when services are rendered unless other arrangements have been made in advance. All Star Pediatrics accepts cash, personal checks, VISA, MasterCard and Discover. There is a service charge for returned checks.

I understand that I will be responsible for a "No Show" fee up to $25.00 if incurred for not giving (twenty-four) hours' notice of cancellation of any appointment I am unable to keep. This fee will be directly billed to me and not my insurance company for payment.

I HAVE READ THE ABOVE INFORMATION AND AGREE TO BE FINANCIALLY RESPONSIBLE FOR SERVICES RENDERED BY ALL STAR PEDIATRICS.

_____ _____

Patient/Parent/Guardian Signature Date

As Parent/Guardian of the above referenced individual. I will continue to be responsible for all cost incurred for services up to the age of 21.

_____ _____

Parent/Guardian Signature Date

702 Gordon Drive ☆ Exton, PA 19341 ☆ Phone: (610)-363-1330 ☆ Fax: (610)-524-8574