Palmetto Pediatrics
218 9th St Dr W
Palmetto, FL 34221
(941) 721-3900

Palmetto PEDIATRICS

Manasota Pediatrics
3425 University Pkwy # 103
Sarasota, FL 34243
(941) 355-1777

Notice of Patient Financial Responsibility

Please read the following statements and sign below:

I understand that payment for all medical care is due at the time of service. The parent and/or legal guardian who signs this form is responsible for all co-pays, deductibles co-insurance, fees and/or unpaid balances not covered by my insurance.

Please note Palmetto / Manasota Pediatrics will collect all copayments, co-insurances, and deductible at the time of service, unless prior arrangements have been made with the billing department.

I understand that I am responsible for any cost incurred in the collection of a patient's account in case of default, including any reasonable fees and court costs.

Divorce / Child Custody
Palmetto / Manasota Pediatrics will not honor the specific financial arrangements set forth in a Child Custody Agreement, Divorce Settlement Agreement, Divorce Degree from Judgement, or the like (the "Arrangements"). Since Palmetto / Manasota Pediatrics is not a party to these arrangements it is not obligated to the financial terms of these Arrangements.

If the child is on the non-custodial or non-presenting parent's health insurance, then we will still collect the applicable co-pays, coinsurance, and deductibles at the time of services from the presenting parent or legal guardian.

Upon request, Palmetto / Manasota Pediatrics will provide a duplicate copy of your receipt so that the Presenting parent or guardian can seek reimbursement where appropriate.

☐ I have read the above and understand/agree to all provisions therein regarding financial responsibility.

Responsible Party Signature

_____ ___/___/_____
Parent / Guardian / Guarantor (print name) Date of Birth

_____ ___/___/_____
Signature Date