

Marin Pediatric Associates, Inc., a UCSF affiliated practice

UPDATES or CHANGES: Financial/Billing Information: 7/18

For patients aged 18+, adding new family member, or changes to existing patients

CHANGES: Date information provided: _____

Patient Name(s): _____

Who is financially responsible for payment of services provided by Marin Pediatric Associates?*

Name: _____ relationship to patient(s) _____ Social Security Number: _____

Address(if different): _____ Telephone: _____

_____ Date: _____

By my signature above, I authorize release of required information, direct payment of benefits to MPA, AND I acknowledge my financial responsibility for all charges incurred at MPA.

***IF YOU ARE NOW 18 OR OLDER, PLEASE HAVE YOUR PARENT/GUARDIAN SIGN ABOVE IF THEY WILL CONTINUE TO BE RESPONSIBLE FOR BILLS.**

Please read the MPA Financial Policy that follows for a detailed listing of our policies and fees.

OLD Insurance Company: _____ End (Termination) Date of Coverage: _____

CURRENT or NEW Insurance Information:

While we are happy to file insurance claims for our patients and assist them in resolving any disputes with their insurance companies regarding benefits, parents/guardians remain responsible for payment for services provided by MPA regardless of insurance.

If you would like us to file claims with your insurance on your behalf, **we require ALL of the following information:**

A **current, VERIFIABLE copy** of your insurance card must be on file with every visit. (a \$25 re-filing fee applies to any claim if information is not brought up to date at the time of the visit)

Name of the main policy holder (i.e. the subscriber or employee): _____ Subscriber's Date of Birth: _____

Address (if different) _____ Subscriber's Social Security Number _____

Insurance Company _____ Copay (if any) _____ Effective Date of Coverage: _____

Scanned to EPIC by: _____ Date: _____