



Self-Pay Waiver

Thank you for choosing Greensboro Pediatricians for your child's medical needs. We are committed to providing you the highest quality healthcare. We ask that you read, make the appropriate selection, and sign this form to acknowledge your understanding of our patient financial policies. The patient's guardian is ultimately responsible for the payment for treatment and care.

PLEASE INITIAL AN OPTION BELOW:

_____ Initial here if you agree to the self-pay (uninsured) rate for services rendered, at time of service.

- By signing below, I understand that I am financially responsible for the charges from today's visit.
- I understand that if I cannot show verifiable insurance, I will receive a statement for the charge, and it will be my responsibility.
- I understand that if I cannot pay the balance in full, it is my responsibility to make payment arrangements with the billing department.

_____ Initial here if you chose not to use available medical insurance for visit coverage.

- I understand that payment in full will need to be made upon checking out today and that no contracted fees will be applied.
- I understand this waiver only applies to the above date of service. Future visits will be submitted to my insurance if no waiver is signed.
- I understand that my insurance carrier may deny future benefits for any condition that may arise due to lack of documentation as I elected not to utilize my insurance benefits.
- I understand that this authorization is valid only for Greensboro Pediatricians, Inc. and all services rendered by outside facilities must be pursued independently.
- Vaccines are not subject to discount.

****If medical insurance is not verified as active on the date of service, you will be considered a self-pay patient. As a courtesy, Greensboro Pediatricians will not require payment at the time of service and will give you the opportunity to contact your insurance company if you feel the ineligibility is an error before collecting any payment.***

Patient Name _____

Date of Birth _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Today's Date _____