



CONDITIONS OF TREATMENT

PHONE : 973-335-1150 - FAX : 973-998-4582

NOTICE TO PARENTS OR GUARDIANS:

The parent or guardian must accompany a child under the age of 18 years unless the parent or guardian has made prior written arrangements for care in their absence and the provider consents to this arrangement.

CONSENT FOR TREATMENT:

I authorize the staff of Sunrise Pediatrics LLC to render Medical and/or counseling care or treatment to my child.

CONSENT FOR PURPOSES OF TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS:

I consent to the use or disclosure of my child's protected health information by Sunrise Pediatrics LLC for the purpose of diagnosing or providing treatment to him, obtaining payment for his health care bills or to conduct health care operations of Sunrise Pediatrics LLC. I consent to the rendering of care by Sunrise Pediatrics LLC staff.

NOTICE OF PRIVACY PRACTICE:

I have received the Sunrise Pediatrics LLC Notice of Privacy Practice. I have been informed that should I have any questions regarding Sunrise Pediatrics LLC Privacy Policy or do not understand any information in the notice that I may direct these questions to the staff of Sunrise Pediatrics LLC.

INSURANCE COVERAGE:

I authorize any insurance company, including Medicare and Medicaid to pay benefits directly to Sunrise Pediatrics LLC.

FINANCIAL RESPONSIBILITY:

I understand that I am financially responsible for all charges for services rendered by Sunrise Pediatrics LLC. I understand that all co-pays are due at the time of service. I further understand that if my insurance company has not paid within 90 days, I am responsible for the full amount due Sunrise Pediatrics LLC.

Signature of Parent / Guardian

Date

Printed Name of Parent / Guardian

Relationship to Patient

Witness

Date