

THE PEDIATRIC SLEEP CENTER
205 East Hirst Road, Suite 303
Purcellville, Virginia 20132

(703) 226-2290

Patient's Name: _____ **Patient's Date of Birth:** _____

Financial Responsibility Statement

I, _____, the undersigned, certify that I (and/or my dependent) have insurance coverage with _____ and assign directly to The Pediatric Sleep Center all insurance benefits, if any, otherwise payable to me for services rendered. I hereby authorize The Pediatric Sleep Center to release any medical information necessary to process these claims. In consideration of health care services rendered or to be rendered by The Pediatric Sleep Center to the patient, I hereby guarantee payment to The Pediatric Sleep Center on demand of all charges for services and incidentals provided on behalf of the patient. I understand that I am financially responsible for charges not covered by my insurance company, including deductibles, co-insurance and non-covered services. In the event of nonpayment *for any reason*, I guarantee payment of all costs of collections, including reasonable attorney's fees. If I do not have insurance, or prefer to pay privately, I understand that payments are due in full at time of service. This Financial Responsibility Statement is valid until revoked in writing.

If you are awaiting Medicaid approval, please provide your Medicaid worker's name, phone number and date the Medicaid application was completed below. Please be aware that you will be required to pay a \$25 deposit for your visit and each visit made to The Pediatric Sleep Center while your Medicaid application is pending or until approved.

For Patients with Medicaid Pending, please provide the following information:

Case Worker's Name	Case Worker's Phone Number	Medicaid Application Completion Date
--------------------	----------------------------	--------------------------------------

Your signature below indicates approval of the financial responsibilities above.

Signature: _____

Date: _____

Witness Signature: _____

Front Desk Staff: please provide a copy of this document to the individual signing the form.