



Children's Choice Pediatrics

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~Where Medicine and Compassion Meet ~

I understand that it is my responsibility to know my insurance benefits and whether or not the services I am to receive are a covered benefit.

I understand and agree that verification of my benefits is not a guarantee of payment and that I will be responsible for any co-pay or balance due that Children's Choice Pediatrics is unable to collect from my insurance carrier for whatever reason.

SIGNED _____ **DATE** _____