



# Sierra Pediatrics

10581 Double R Blvd.  
Reno, NV 89521  
(775) 324-0766

Patient Name:

DOB:

## Insurance

### Primary Insurance Policy

Primary Insurance:	Insured's Name:
Insurance Address:	Home Address:
City, State Zip:	City, State Zip:
Insurance Phone Number:	Home Phone:
Policy Number:	Date of Birth:
Group Number:	Sex: M / F

\_\_\_\_\_  
Initials

**My child has one insurance policy at this time.**

I understand that if I withhold information regarding additional insurance policies, I will be financially responsible for billed charges incurred for services rendered during this time. I understand that Sierra Pediatrics must follow claim submission and prior authorization rules of ALL insurance policies. I understand my child's secondary insurance will not process a claim until the primary explanation of benefit is received. If my child has more than one insurance and one is Medicaid, Medicaid is always the secondary insurance.

### Secondary Insurance Policy

Secondary Insurance:	Insured's Name:
Insurance Address:	Home Address:
City, State Zip:	City, State Zip:
Insurance Phone Number:	Home Phone:
Policy Number:	Date of Birth:
Group Number:	Sex: M / F

\_\_\_\_\_  
Initials

**Coordination of Benefits (initial only if you have more than one insurance)**

I acknowledge that I have completed coordination of benefits with both of the above insurance companies. I understand failure to do so will create claim submissions problems and it will be my responsibility for submitting future claims to the insurance company.

\_\_\_\_\_  
Initials

**Acknowledgment of Financial Policy**

I have received a copy of Sierra Pediatrics Financial Policy effective 10/1/05. I understand that I am ultimately responsible for any fees for services rendered that are not covered by insurance. Should my account become delinquent and sent to a third party collection agency, Sierra Pediatrics will immediately relinquish the care of my child(ren) without further notice. Sierra Pediatrics reserves the right to change its financial policy at any time. A current financial policy will always be available upon request.

\_\_\_\_\_  
Parent/Guarantor Signature

\_\_\_\_\_  
Date