



VALLE VERDE PEDIATRICS

For Happy and Healthy Children

<p align="center">Terms and Conditions of Service: Medical Services and Financial Agreement</p>
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- 1) **Medical Consent:** I consent to medical treatments or procedures, medications, injections, drawing blood for tests and ambulatory outpatient services rendered to my child(ren) under the general and special instructions of the physicians or other health care professionals assisting in my child(ren)'s medical care. I also consent to my child(ren)'s admission to the Rady Children's Hospital if this is necessary for my child(ren)'s medical care.
- 2) **Release of Medical Information:** VVP will obtain my written authorization to release information about my medical treatment, except in those circumstances when VVP is permitted or required by law to release information (see Notice to Privacy Practices for a description of the specific circumstances under which VVP may release this information). For example, VVP may release a copy of my patient record to health care providers, health plans, and government agencies. Additionally, I understand that if I am diagnosed with cancer, a reportable disease in California, VVP is required by law to report my diagnosis to the State Department of Health Services.
- 3) **Financial Agreement:** I understand that even if my child is covered by insurance, I may be financially responsible for some or all of my medical services. For instance, if I have a co-payment or deductible, I agree to pay the amounts I owe. Not all insurance plans cover all services. If I do not have insurance that covers the service I receive, I agree to pay VVP for professional and clinic services, including VVP provider services, in accordance with the regular rates and terms of VVP. I also agree to pay for the professional services provided at VVP by other health care providers. If I am unable to pay, I understand I may qualify for public assistance, special payment arrangements and/or charity care. I also understand that when this agreement is signed by me or my child(ren)'s guarantor, that individual is liable for payment, including all collection fees (attorneys' fees, costs and collection expenses), in addition to any other amounts due. Unpaid accounts referred to outside agencies for collection bear interest at the current legal rate.

If you made an appointment for a wellness visit/physical only and the doctor treats your child(ren) for an illness or counsels you regarding a medical condition during this visit there could be a separate co-payment that is your responsibility.

- 4) **Assignment of Benefits (Including Medicare Benefits):** I authorize and direct payment to VVP of any insurance benefits including hospital insurance and unemployment compensation disability benefits otherwise payable to or on my behalf for VVP services, including emergency services, at a rate not to exceed VVP actual charges. I understand that I am financially responsible for charges not paid pursuant to this agreement. I further agree that any credit balance resulting from payment of insurance or other sources may be applied to any other account owed to VVP by me.

Signature of Parent or Guardian

Date