Cornerstone Pediatrics Insurance Policy

I understand that it is my responsibility to know and understand my insurance policy and coverages. This includes, but is not limited to: what providers I may see, where I can go for additional services like lab work and radiology, if referrals are required, what hospitals I can go to and what items are covered, such as well visits, immunizations, and procedures. I understand that I am responsible for any charges insurance does not cover. I also acknowledge that Cornerstone Pediatrics requires a valid credit, debit or HSA card to be kept on file.

Parent Printed name	Signature		 Date	
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Children		Date of birth		
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	Cornerstone Pediatri	cs Insurance Policy	,	
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