

Cornerstone Pediatrics

Phone – 303-673-9030 Fax – 303-604-1095

Avista Hospital Location:
90 Health Park Drive, Suite #160
Louisville, CO 80027

Children’s North Location:
469 State HYW 7, Suite #400
Broomfield, CO 80023

Today’s Date: _____

I acknowledge that Cornerstone Pediatrics requires a valid credit, debit or HSA card to be kept on file. I understand that I am responsible for all copays at the time of service and once insurance has processed the claim, all deductibles and coinsurance that insurance did not cover. THE AMOUNT THAT WILL BE CHARGED TO MY CARD WILL BE THE “PATIENT RESPONSIBILITY” AMOUNT NOTED ON THE EXPLANATION OF BENEFITS. IT IS MY RESPONSIBILITY TO CHECK OUR PLAN’S EXPLANATION OF BENEFITS. I also understand that if my insurance fails to process a claim after 90 days (this includes self-funded plans), or if I fail to provide my insurance with the information required of me to add a child to my policy or process a claim (Coordination of Benefits), my credit card will be charged. I understand that if my insurance does not pay my claim and my credit card is charged, my card will be credited back, minus any deductible or coinsurance due, once the claim is processed.

Signature of Responsible Party

Print Name

_____ Best number to be reached during business hours

Child’s full name

Date of Birth

Child’s Full Name

Date of Birth

All credit card information is kept secure.

