



Newborn Billing Agreement

(For newborns covered under their parent's insurance through another insurance or medical group that is NOT contracted with Alameda Pediatric Associates)

I, the undersigned, affirm by signature I have read, understand, and agree to the terms of Alameda Pediatric Associates' billing policy, explained below.

I understand my current insurance plan is through a non-contracted Medical Group or Insurance plan. After the first thirty days of life care, if I would like my newborn to continue seeing any Provider at Alameda Pediatric Associates, it is in my best interest to switch to one of our contracted Medical Group/Insurance plans so that I may reap the full benefit of my insurance. I understand that if I change to one of our contracted Medical group or Insurance plans, Alameda Pediatric Associates agrees to adjust any amounts incurred in the first thirty days that would ordinarily be balance-billed to me, the responsible party. *I understand this is done as a courtesy adjustment to me.*

I understand that after the first thirty days if I do not change to one of our contracted Medical Group or Insurance plans, my newborn may continue seeing a Provider of Care at Alameda Pediatric Associates; however **any amount not paid by my non-contracted Medical Group or Insurance plan will be my responsibility to pay. I understand this includes any amount incurred during the first thirty days, as well as this period of time.**

I affirm by signature that I understand my newborn's visits are covered under and will be billed for the first thirty days of life care through his/her (circle one) **MOTHER** **FATHER** plan information, provided below:

Patient Name: _____ Today's Date: _____

Patient's Date of Birth: _____ 30 Days from Date of Birth: _____

Mother's Full Name: _____ Date of Birth: _____

Father's Full Name: _____ Date of Birth: _____

Insurance Company: _____ (circle one) **HMO** **PPO**

Medical Group Name: _____

Please present and have Insurance card copied for records

I have read and agree to the terms of this document.

Signature of Responsible Party: _____

Printed Name: _____ Relationship to Child: _____