

Gordon Klinow Pediatric Associates

Insurance Waiver of Liability Form

Patient Name:

Date of Birth:

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Your health insurance carrier may or may not cover all services provided during your visits. Some of these types of services may include, but are not limited to: vaccines, minor office procedures, developmental screenings, vision and hearing screenings, and in-office tests for urinalysis, strep throat, influenza, COVID, etc.

If your insurance does not pay for these services, by signing this form you acknowledge that you will be fully responsible for any remaining balance. This form serves as a notice that some services may not be covered; it is not an official decision by your insurance carrier. If you have any questions about covered services, please contact your insurer.

By signing below you acknowledge that you have received and understand this notice.

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Responsible Party Signature

Date

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Responsible Party Name