



Verification of Insurance Information/Non-Covered Service Waiver

To ensure accurate billing and timely payment from your insurance company, **Utah Valley Pediatrics** has a company-wide policy to verify your children's insurance information at every visit.

This policy will ensure that our office bills the correct insurance company for every visit, every test, and every immunization. ***Understanding your insurance benefits continues to be your responsibility.*** If you would like assistance with understanding what your insurance does or does not cover, your insurance company has customer service representatives available to help with those questions. If you need to use a phone to call your insurance company, please speak with a receptionist.

When you have completed this form, please give it to your children's nurse.

*Child #1: _____ Date of Birth: _____

*Child #2: _____ Date of Birth: _____

*Child #3: _____ Date of Birth: _____

*Child #4: _____ Date of Birth: _____

*Please use full names.

My children's Primary Insurance is: _____

My children's Secondary Insurance is: _____

My children are not covered under ANY medical or health insurance plan.

If my child is receiving preventive care services (well check/shots), I verify that my insurance (check all that apply):

- Covers preventive care/immunizations.
- Does not** cover preventive care/immunizations.
- Has a benefit cap on preventive care/immunizations which **has** been met.
- Has a benefit cap on preventive care/immunizations which **has not** been met.
- Does not cover the following immunizations: _____.

The approved hospital network for my insurance is (check one):

- IHC (American Fork Hospital, Orem Community Hospital, Utah Valley Regional Medical Center)
- MountainStar (Timpanogos Regional Hospital, Mountain View Hospital)

I understand that the services provided today will be billed based on the information I provide. I further understand that I am responsible for payment in full of any portion not covered by my insurance company.

Parent Signature

Date

Address/City/State/Zip

Phone