



DECATUR PEDIATRIC GROUP, P.A.
 Providing medical care for newborns, children and teens

***Receipt of Notice of Privacy Practices
 Written Acknowledgement Form***

I, _____ parent/guardian of _____
 have been advised of Decatur Pediatric Group, P.A Notice of Privacy Practices. These
 polices are posted in the waiting areas for review and are effective as of April 1, 2003.

 Signature of Parent/Guardian

 Date

Financial Responsibility Statement

It is understood that payment for services rendered by Decatur Pediatric Group, P.A is
 my responsibility. Any charges that are not covered by my insurance and are within
 their contractual limits are to be paid within 30 days of notification, unless other
 arrangements are made.

 Signature of Parent/Guardian

 Date

Assignment of Benefits

I understand that my insurance claims will be filed by Decatur Pediatric Group, P.A on
 my behalf, and hereby assign to Decatur Pediatric Group, P.A any insurance of other
 third-party benefits available for health care provided to members of my family.

 Signature of Parent/Guardian

 Date