



**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