BAY SHORE PEDIATRICS

130 HOSPITAL ROAD, SUITE 207
PRINCE FREDERICK, MD 20678
(410) 535-5959 OFFICE
(410) 535-0551 FAX

CONSENT AND INFORMATIONAL NOTICES

I, _____, hereby give my consent for ***DR. MICHAEL SKOLNICK, DR. MANBIR SINGH, DR. MEGHAN CHIU, DR. CORALYN BHOGTE AND/OR DR. GOD,*** to see and provide medical treatment for my son/daughter.

I have been shown where the practice privacy policy is posted, and understand my right to receive a written copy.

I have been shown where the practice vaccine policy is posted and agree to abide by it.

I have received a written copy of the "Practice Handbook and Guide for Pediatric Care" and agree to abide by the policies within it.

I understand that this office participates in ImmuNet, and that ImmuNet is a confidential computer system that helps you and your doctor keep track of your child's immunization histories.

I hereby give my consent for Dr. Michael Skolnick, Dr. Meghan Chiu, Dr. Manbir Singh, Dr. Coralyn Bhogte and/or Dr. God to access all electronic Medical Records on the Calvert Memorial Hospital Computer System until further notice. I understand I may revoke this permission at any time.

SIGNATURE: _____ ***DATE:*** _____
Parent/guardian

Relationship to patient: _____

ASSIGNMENT AND RELEASE

I, the undersigned certify that I (or my dependant) have insurance coverage with

_____, and assign directly to Bay Shore
(Name of insurance company)

Pediatrics ALL insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by my insurance within 120 days. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

In the event that my account is placed with a collection agency and/or attorney for the collection of past due debts, I understand that I will be responsible for all costs that are incurred to collect the past due debt. Costs include reasonable attorney's fees and collection agency fees which may be based on a percentage of the debt, at a maximum of 33%.

SIGNATURE: _____ ***DATE:*** _____