Del Valle Pediatrics

Emilio Del Valle, M.D., F.A.A.P., P.A.
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AUTHORIZATION FOR DIAGNOSIS AND TREATMENT

I hereby authorize Dr. Emilio Del Valle and his staff to perform any necessary diagnostic procedures, administration of medicine, and/or therapy during today's visit, as well as future visits.

Signature:_____ Relationship to Child:_____
Date:_____

AUTHORIZATION FOR INSURANCE BENEFITS

I hereby authorize Dr. Emilio Del Valle to furnish any information to all insurance carriers concerning my wellness and treatments, I assign all payments for medical services rendered to myself (or dependents) to Dr. Del Valle in the event that an insurance claim is filed by his practice.

Signature:_____ Relationship to Child:_____
Date:_____

BILLING AND COLLECTIONS PROCEDURES

One of the free services offered by our office is the billing of your insurance. We are committed to help you receive the maximum allowable benefits under your policy. In order to reach this goal, it is important that you read and understand the following:

1. All payments, co-payments, deductibles, and any other services rendered that is not covered by your insurance are to be paid up front.

2. If you have no insurance, your bill will be estimated before your visit and the full amount of your bill will be due before the services are rendered.

3. Our decision to accept your insurance will be made after proof of eligibility and verification of coverage is made. You are responsible for all services not covered by your insurance company.

4. In the event that charges are billed to you, all payments not received within 10 days will be subject to late fees. There will be service charges for all returned checks.

5. It is your responsibility to notify us of any changes in employment, insurance, address or phone number.

Should you have any further questions about our policies or procedures, feel free to ask. Remember that we are here to serve you.

Signature:_____ Date:_____