

Just Us Kids Pediatrics

2462 Hwy 34 E
Newnan, Ga 30265
(770) 683-5437

RECEIPT OF POLICY STATEMENT ON SICK VISIT CO-PAYS DURING A WELL CHILD CHECK

I, _____ (parents name) acknowledge that I have received a copy of the Just Us Kids Pediatrics statement regarding co-pay requirements when a Sick Visit is added to the Well Child Visit. I acknowledge that failure to pay co-pay at the time of service may generate an additional \$25 patient responsible charge.

I am aware that a copy is also in the waiting areas of Just Us Kids Pediatrics and that I can request another printed copy.

Signature

Date

Patient Name

Relationship to Patient