



**MOUNTAINLAND
PEDIATRICS**

Full Legal Names of ALL Children who will be patients (oldest to youngest)

<u>First</u>	<u>Middle</u>	<u>Last</u>	<u>M/F</u>	<u>Date of Birth</u>
•	_____	_____	_____	_____
•	_____	_____	_____	_____
•	_____	_____	_____	_____
•	_____	_____	_____	_____
•	_____	_____	_____	_____

Method of Contact

I give permission to Mountainland Pediatrics to leave a phone message with information regarding my child’s medical care at the number(s) listed below.

Primary phone number _____

Secondary phone number _____

Acknowledgement of Receipt of Notice of Privacy Rights

I have received a copy of Mountainland Pediatrics privacy rights. _____ **initial**

Returned Checks

When you provide us a check as payment you authorize us to use the information from the check to make a one- time electronic fund transfer from your account, or to process the payment as a check transaction. Returned checks are assigned to PFC Check Solutions and electronically re-presented through ETP (Electronic Transaction Partners) for the face amount plus a \$20.00 Service Charge and all applicable costs of collection pursuant to C.R.S. 13-21-109.

Acknowledgement of Receipt of Mountainland Pediatrics Financial and Office Policies Document

I have received a copy of Mountainland Pediatrics Financial and Office Policies. _____ **initial**

As of _____(date) my signature will be accessible in an electronic format and serve as a legal copy of authorization for services including our Financial and Office Policy.

Signature of parent/guardian: _____

Date: _____