



**MOUNTAINLAND
PEDIATRICS**

Patient Full Legal Name and Date of Birth:

First Middle Last M/F Date of Birth

Method of Contact

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

Primary Phone Number & name _____

Secondary Phone Number & name _____

Acknowledgement of Receipt of Notice of Privacy Rights

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

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 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 Transition Partners) for the face amount plus a \$20 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. _____ **patient initials**

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 Patient _____

Date _____