



Conejo Children's Medical Group
from diapers to diplomas...

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www.conejochildrens.com

FINANCIAL AGREEMENT AND EMERGENCY CONTACT INFORMATION

Patient Name: _____

Please call me at the following phone number, _____, with the results of any medical tests, appointment confirmations and any other communication regarding my child's health or medical records.

Check here _____ if you would NOT like us to leave a message with details of your child's test results or other information. If this is checked, we will leave a message asking for a return call to the office.

OTHER THAN PARENTS, PLEASE LIST ANY ADDITIONAL LEGAL GUARDIANS FOR THIS PATIENT(S).

Name: _____ Phone: _____

Address: _____ Relationship: _____

EMERGENCY CONTACT:

In the event of an emergency, who should we contact?

Name: _____ Phone: _____

Address: _____ Relationship: _____

AUTHORIZATION AND RELEASE – FINANCIAL AGREEMENT

I authorize the release of any information, including the diagnosis and the records of any treatment or examination rendered to my child during the period of such care, to third party payors and/or other health practitioners.

Also, I understand that I am financially responsible for all charges whether or not they are covered by insurance. I understand it is my responsibility to verify insurance coverage and/or deductions for any referrals that may be made to outside laboratory and/or x-ray services. Interest, court costs and/or attorney fees may be pursued on delinquent accounts assigned to collections. I understand that cash payment or proof of insurance is required at time of service and co-payments are also due at the time of service.

Signature: _____ Date: _____