

# PEDIATRIC CARE OF KENTUCKY, P.S.C.

KEITH A. STOWERS, M.D., F.A.A.P.  
 LISA W. MILLER, M.D., F.A.A.P.  
 KEVIN J. KELLY, M.D., F.A.A.P.  
 CHRISTOPHER S. ADLEY, M.D., F.A.A.P.

JAMES J. KELLY, M.D.  
 (1921 - 2001)

CHARLES J. KELLY, M.D., F.A.A.P.  
 IRENE A. JENTZ, M.D., F.A.A.P.  
 RADHIKA B. RAMESH, M.D., F.A.A.P.



## INSURANCE ELIGIBILITY WAIVER

*This waiver is valid for forty five (45) days. Payment is then expected at time of service.*

<b>INSURANCE COMPANY</b>		
<b>INSURANCE ADDRESS</b>		
<b>INSURANCE PHONE (To verify eligibility)</b>		
<b>SUBSCRIBER NAME</b>	DOB:	
<b>SUBSCRIBER ID# (include any ALPHA prefix)</b>		
<b>SOCIAL SECURITY #</b>		
<b>COVERAGE EFFECTIVE DATE</b>		
<b>EMPLOYER NAME /ADDRESS</b>		
<b>EMPLOYER PHONE</b>		
<b>PATIENT NAME</b>		<b>D.O.B.</b>
<b>PATIENT NAME</b>		<b>D.O.B.</b>
<b>PATIENT NAME</b>		<b>D.O.B.</b>
<b>TYPE OF COVERAGE</b>	<b>S = SINGLE</b>	<b>F = FAMILY</b>

*If the patient(s) listed above are not eligible members or eligible assignee(s) of PEDIATRIC CARE OF KENTUCKY, I agree to promptly pay the usual and customary rate for all services rendered.  
 2-27-08*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- 924 MAIN STREET, COVINGTON, KY 41011 • TELEPHONE: (859) 431-4100 • FAX: (859) 431-0396
- 20 MEDICAL VILLAGE DR., SUITE 102, EDGEWOOD, KY 41017 • TELEPHONE: (859) 341-1011 • FAX (859) 341-7198
- 5495 NORTH BEND ROAD, BURLINGTON, KY 41005 • TELEPHONE: (859) 586-9030 • FAX: (859) 334-4373