

PEDIATRIC CARE OF KENTUCKY, P.S.C.



Keith A. Stowers, M.D., F.A.A.P.
 Kevin J. Kelly, M.D., F.A.A.P.
 Christopher S. Adley, M.D., F.A.A.P.
 Radhika B. Ramesh, 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.
 Tara L. Monday, D.O., FACOP

INSURANCE ELIGIBILITY WAIVER

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

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

*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: _____