

**PEDIATRIC ASSOCIATES OF NORTH TEXAS
INSURANCE BENEFIT PLANS**

We appreciate you selecting Pediatric Associates of North Texas for your child's health care. As a provider for your company's health plan, we are committed to quality health care. Employers have the option of customizing benefit plans for their employees. All benefit plans are not alike. Services we recommend for your child may not be a benefit of your insurance plan. Therefore, do not assume all services will be a covered benefit. **Prior to your appointment, you may call your insurance carrier to verify your benefits.** Please be advised that any expense not covered or deemed not medically necessary by your plan will be your responsibility and will be billed to you. Our routine schedule of these services is in concordance with the recommendations of the American Academy of Pediatrics.

You can get general coverage information about your child's benefit plan by calling the toll-free number on your insurance card. We ask you to familiarize yourself with your company's insurance coverage to minimize the possibility of any misunderstanding about non-covered fees.

When you have read the above, please sign.

Signature _____
Date

Parent's Name (Please Print) _____

Children's Names _____

I authorize the release of any medical or other information necessary to process our insurance claims. I also authorize payment of medical benefits to Carolyn D. Ashworth, M.D.

Signature _____
Date