



GI For Kids

Pediatric Gastroenterology and Nutrition Services

Excellent Care Every Time

1975 Town Center Blvd · Knoxville, TN 37922

Phone (865) 546-3998 · Fax (865) 546-1123 · www.giforkids.com

Insurance Waiver

I understand that my eligibility of coverage cannot be verified at the time of service. This may be due to the patient having no insurance coverage, being unable to provide a valid insurance card, the insurance information provided is not able to be verified, and/or no insurance referral on file. This waiver also applies if the provider is a non-participating provider with my insurance carrier.

I understand that I will be responsible for payment of all services rendered by GI For Kids, PLLC.

Good Faith Estimate for Self-Pay Patients under code 45 CFR § 149.610(b)(1)(vi)(B)

This refers to patients not covered by a group plan, individual or group insurance, federal health care program, or if the patient does not want to submit claim to the group plan or insurer.

I understand as a self-pay patient that under code 45 CFR § 149.610(b)(1)(vi)(B), I am entitled upon request, to a good faith estimate for expected services and this estimate will included as part of the patient's chart.

- If my service is scheduled at least 3 business days before such service is scheduled to be furnished; not later than 1 business day after the date of scheduling.
- If my service is scheduled at least 10 business days before such service is scheduled to be furnished; not later than 3 business days after the date of scheduling.
- If a good faith estimate is requested by a self-pay patient; not later than three (3) business days after the date of request.

Patient Name

___/___/___
Date of Birth

Parent/Guardian Printed Name

Parent/Guardian relationship to patient

Parent/Guardian Signature

___/___/___
Date