



RINGGOLD PEDIATRICS

7494 BATTLEFIELD PKWY
RINGGOLD, GA 30736
706-935-KIDS / Fax 706-935-3004

Insurance/Patient Responsibilities

It is very important that you keep your insurance up to date and active. If you are seen without insurance, it is your responsibility to let us know when it becomes active again. You must notify us within **90 days** of visit in order for us to refile your claim. Failure to do so will result in patient being responsible for the cost of visit.

We can only refile claim if the retroactive date covers that date of service.

Please sign that you have read and understand the above.

Patient Name: _____ DOB: _____

Parent/Guardian Name: _____

Signature: _____

Today's Date: _____