Navarre Pediatrics P.L.
BIRTH TO EIGHTEEN YEARS OLD

Heba El Goweni, M.D., F.A.A.P.
Omaima Mousa, M.D., F.A.A.P.

AN AGREEMENT TO PERSONALLY PAY SHOULD

MEDICAID OR PRIVATE INURANCE DENY PAYMENT

We will attempt to collect for medical services rendered by our office by billing your insurance company. However, if your insurance company does not pay claim for services rendered by our office, you will be billed directly.

By signing this form, you are agreeing to pay for any services rendered to you by our office provided that your insurance plan defines as non-covered services or due to ineligibility.

Patient Name: _____ DOB _____

Parent or Guardian Signature: _____ Date : _____