

# Harvest Pediatrics

Comprehensive Health Care for Infants, Children & Adolescents  
[www.harvestpediatrics.com](http://www.harvestpediatrics.com)

Date: \_\_\_\_\_

My child \_\_\_\_\_ has been accepted as a new patient with Harvest Pediatrics with \_\_\_\_\_ Insurance Company as my primary carrier. Since Harvest Pediatrics is closed to new Medi-Cal patients, I understand that I would not be able to use my Medi-Cal benefit with Harvest Pediatrics. I will be responsible for all copayments, coinsurance, deductibles and any other amount that my primary insurance carrier states is my responsibility.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Harvest Pediatrics Account Number: \_\_\_\_\_

Fecha: \_\_\_\_\_

Mi niño/nina \_\_\_\_\_ ha sido aceptado como paciente nuevo de Harvest Pediatrics con la aseguranza \_\_\_\_\_. Como Harvest Pediatrics esta cerrado a pacientes nuevos con Medi-Cal, yo entiendo que no podre usar mis beneficios de Medi-Cal en Harvest Pediatrics. Yo sere responsable por cualquier co-pago, deducible, etc. por la cantidad que mi aseguranza diga es responsabilidad del miembro.

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Fecha