

**Harvest Pediatrics is closed to Medical**

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

My child \_\_\_\_\_ has been accepted as a new patient at **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 **Medi-Cal** benefits with **Harvest Pediatrics**. I will be responsible for all copayments, co-insurance, deductibles and any other amount that my primary insurance carrier states is my responsibility.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

.....  
**Fecha:** \_\_\_\_\_

Mi niño/niña \_\_\_\_\_ 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 que es mi responsabilidad.

**Firma:** \_\_\_\_\_ **Fecha:** \_\_\_\_\_

**# de cuenta de Harvest Pediatrics:** \_\_\_\_\_