

Four Seasons Pediatrics
Address Update Form

Patient's Name: _____ **DOB:** _____

Other patients this applies to: _____ **DOB:** _____

_____ **DOB:** _____

_____ **DOB:** _____

Primary address (residing location of the patient/child)

New Telephone Number?

Does this change apply to both parents / guardians, and/or all children? YES - NO (Circle one)

IF NO, please list other address on file:

Other Telephone Number:

PLEASE READ BELOW CAREFULLY AND SIGN THAT YOU UNDERSTAND THE OFFICE POLICIES

Divorce or separation: In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account up until this point. After a divorce or separation, **the parent authorizing treatment for a child will be the parent responsible for those subsequent charges.** If the divorce decree requires another party to pay all or part of the treatment costs, **it is the authorizing parent's (the individual who brings the child) responsibility to collect from the other parent.** Four Seasons Pediatrics will NOT split balances and bill multiple parties. The responsible party is defined as the individual that signed and agreed to the office policy paperwork. In order to list a new responsible party, they must agree to and sign the policy paperwork separately.

I certify that all above provided information to be true to the best of my knowledge. Four Seasons Pediatrics LLC will use this information to properly bill my insurance company / invoice me for any patient responsibilities and correctly mail me any forms or documents needed for ongoing medical care.

Responsible Party (Parent or Patient if over 18)

Date

Name Printed

Relationship