

BEST KIDS CARE
4200 S. Lake Forest Dr. #100
McKinney, Tx. 75070
214-592-0356

NEWBORN INSURANCE COVERAGE WAIVER

I AM AWARE THAT I HAVE 30 DAYS TO ADD MY BABY TO MY INSURANCE.

I UNDERSTAND THAT MY ELIGIBILITY FOR COVERAGE BY (INSURANCE NAME)
_____ CAN NOT BE CONFIRMED AT THIS
TIME, I WISH TO RECEIVE MEDICAL SERVICE FROM Dr. MASOUD ALMASI.

**IF IT IS DETERMINED THAT I AM NOT ELIGIBLE FOR COVERAGE. I
UNDERSTAND THAT I WILL BE RESPONSIBLE FOR PAYMENT OF ALL
SERVICES PROVIDED.**

I ALSO UNDERSTAND THAT IF MY INSURANCE HAS TERMINATED, AND HAVE
NOT PROVIDED **MASOUD ALMASI, MD. PA** WITH IN 10 DAYS OF NEW INSURANCE
COVERAGE, I AM RESPONSIBLE FOR PAYMENT OF ALL SERVICES PROVIDED.

CHILD'S NAME: _____

DATE OF BIRTH: _____

INSURANCE NAME: _____

INSURANCE PHONE NUMBER: _____

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE: _____