

# Sea View Pediatric Medical Associates, Inc.

## OFFICE POLICY & ELIGIBILITY WAIVER

I \_\_\_\_\_ understand I am eligible  
(Parent Name)

for \_\_\_\_\_ as of \_\_\_\_\_  
(Name of Health Plan) (Effective Date)

through \_\_\_\_\_ .  
(Employer)

I have chosen Sea View Pediatric Medical Associates, Inc. as the provider for my child's health care. I understand it is customary for the insurance company to process the claim within 30 to 45 days of the date of filing, but I understand that if I am found to be ineligible, I am ultimately responsible for payment in full to Sea View Pediatric Medical Associates inc., for services rendered. If the insurance company should fail to pay the claim within 90 days, whether or not covered by insurance, I understand Sea View Pediatric Medical Associates, Inc. may collect the amount of the claim from me directly.

\_\_\_\_\_  
Parent or Guardian (Please Print)

\_\_\_\_\_  
Parent or Guardian (Signature)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

23521 Paseo de Valencia Ste # 200 Laguna Hills, CA 92653  
Tel: (949) 951-5437 Fax: (949) 951-2715

5 Journey Ste # 140 Aliso Viejo, CA 92656  
Tel: (949) 831-4472 Fax: (949) 831-6499

1031 East Avenida Pico Ste # 106 San Clemente, CA 92673  
Tel: (949) 373-1133 Fax: (949) 373-1135

15785 Laguna Canyon Road Ste#120, Irvine, CA 92618  
Tel: (949) 428-8828 Fax: (949) 428-8838