



**PURI PEDIATRIC  
Medical Group, Inc.**

*Diplomate, American Board of Pediatrics*

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## Insurance Eligibility/Payment Waiver

From Dr. Veena Puri (office manager)

In the past few months there have been many discrepancies with the insurance cards given at the time of service and the insurance companies (i.e. patient not eligible, patient not added, terminated) For us to be paid in a timely manner with the insurance we are instituting a new policy effective August 1, 2008. Thanks for your cooperation.

I \_\_\_\_\_, verify that this  
(Parents Name)  
insurance \_\_\_\_\_ information I provided is current and  
(Insurance Name)  
valid. In case it is not valid or effective I will be financially responsible for  
the whole visit.

\_\_\_\_\_  
(Parents Signature)

\_\_\_\_\_  
(Date)