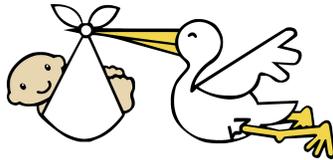




**SANDBAR**  
*Pediatrics*  
 BRUNSWICK, GA

Bejamin Sandifer, MD | John Fisher, FNP-C

**NEWBORN INSURANCE ACKNOWLEDGMENT**



Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_

**Congratulations On Your New Arrival**

After your baby is born, your child is covered for the first **30 days** of life as an extension of you under your insurance policy. Starting on day 31, that extension of coverage ends. Having a child is considered a "qualifying life event" that triggers a special enrollment period.

During this special enrollment period, you can enroll in or change your current insurance plan without waiting for open enrollment.

Sandbar Pediatrics recommends that you add your new child to your insurance policy within the first two weeks after birth to prevent any unnecessary out-of-pocket costs. **If your child is not added to a policy within 30 days, you may be held responsible for the full cost of all medical charges incurred since birth.** If you have an active policy that you intend to add your child to, please complete the information below:

**Insurance Company:** \_\_\_\_\_

**Member ID Number:** \_\_\_\_\_

**Group Number:** \_\_\_\_\_

**Subscriber's Name:** \_\_\_\_\_

**Subscriber DOB:** \_\_\_\_\_

It's important to note that the specifics of what is covered and the extent of coverage can vary depending on the health insurance policy. Be sure to review your policy details or contact your insurance provider to understand the full range of benefits available for your new child and to verify that a Sandbar Pediatrics provider is in-network.

*By signing below, I understand and acknowledge that I am responsible for adding my new child to an insurance policy within 30 days of their birth. I understand that it is my responsibility to provide Sandbar Pediatrics with proof of insurance for my new child. I understand that if I do not add my new child to an insurance policy within that time frame, I will be held financially responsible for all medical charges incurred since birth:*

\_\_\_\_\_  
 Signature of Parent/ Guardian

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Relationship to Patient

\_\_\_\_\_  
 Date