



Louisville **Pediatric**
SPECIALISTS

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY NOTICE

AND

ACKNOWLEDGEMENT OF RECEIPT OF FINANCIAL POLICIES

I have received and reviewed the Notice of Privacy Practices for Louisville Pediatric Specialists, P.S.C and understand and agree to the terms outlined in the Notice.

Initials: _____

I have received and reviewed the financial policy and accept responsibility for all charges incurred in the office.

Initials: _____

Patient Name(s) _____

Responsible Party Member's Name _____ Relationship _____

Responsible Party Member's Signature _____ Date _____