

Stone Spring Pediatrics, LLC

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Stone Spring Pediatrics Parents,

We are pleased to have your child as a patient here. We would like to inform you of insurance plans that we participate with:

- Medicaid
- Virginia Premier
- Optima

If you have any other form of Medicaid (for example: Magellan) you will be required to pay for all charges during that eligibility period.

By signing this form, I understand and will comply with the above statement.

Child's Name: _____ Date of birth _____

Parent's Printed Name: _____ Date: _____

Parent Signature: _____