



6512 S. McCarran Blvd, Suite D
Reno, NV 89509
Phone: 775-900-9987
Fax: 775-900-9954

Acknowledgment of Financial Policy (Effective April 29, 2024)

Patient Name: _____ D.O.B.: _____
Patient Name: _____ D.O.B.: _____

(initial) **Financial Policy:** I acknowledge that I received, reviewed, and agree to comply with Ponderosa Pediatrics' Financial Policy dated April 29, 2024, including the Financial Responsibility and Insurance Coverage policies found within.

Name of Parent Completing Form (Print)	Signature	Date
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