



Welcome To

Kennesaw Pediatrics

Your Home for Pediatric Healthcare!

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Authorization of Treatment and Assignment of Benefits:

I authorize Kennesaw Pediatrics, P.C., to treat my child. I further authorize payment directly to Pediatricians of Kennesaw Pediatrics, P.C. for all medical and surgical benefits otherwise payable to me under the terms of my insurance. I understand that I am financially responsible for all charges whether or not paid by my insurance. I authorize the use of this signature on all of my insurance submissions. I permit a copy of this authorization to be used in place of the original.

Signature: _____ Date: _____

Patient(s) Name: _____