

**BAY SHORE PEDIATRICS**

130 HOSPITAL ROAD, SUITE 207  
PRINCE FREDERICK, MD 20678  
(410) 535-5959 OFFICE  
(410) 535-0551 FAX

**CONSENT AND INFORMATIONAL NOTICES**

I, \_\_\_\_\_, HEREBY GIVE MY CONSENT FOR DR. MICHAEL SKOLNICK, DR. MANBIR SINGH, AND DR. MEGHAN CHIU, TO SEE AND PROVIDE MEDICAL TREATMENT FOR MY SON/DAUGHTER.

I have been shown where the practice privacy policy is posted, and understand my right to receive a written copy.

I have been shown where the practice vaccine policy is posted and agree to abide by it. I give consent for Bay Shore Pediatrics to administer vaccines to the patient in accordance with that policy.

I have received a written copy of the "Practice Handbook and Guide for Pediatric Care" and agree to abide by the policies within it.

I understand that this office participates in ImmuNet, and that ImmuNet is a confidential computer system that helps you and your doctor keep track of your child's immunization histories.

I hereby give my consent for Dr. Michael Skolnick, Dr. Meghan Chiu, and Dr. Manbir Singh, to access all electronic Medical Records on the Calvert Memorial Hospital Computer System until further notice. I understand I may revoke this permission at any time.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Parent/guardian

Relationship to patient: \_\_\_\_\_

**ASSIGNMENT AND RELEASE**

I, the undersigned certify that I (or my dependant) have insurance coverage with

\_\_\_\_\_, and assign directly to Bay Shore  
(Name of insurance company)

Pediatrics ALL insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by my insurance within 120 days. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

In the event that my account is placed with a collection agency and/or attorney for the collection of past due debts, I understand that I will be responsible for all costs that are incurred to collect the past due debt. Costs include reasonable attorney's fees and collection agency fees which may be based on a percentage of the debt, at a maximum of 33%.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_