
PLEASANT VALLEY PEDIATRIC MEDICAL GROUP

Infants Children Adolescents

William Bocash, M.D., F.A.A.P.

Jon D'Andrea, M.D., F.A.A.P.

Lynn J. Galan, M.D., F.A.A.P.

2486 Ponderosa Dr. N., Suite D-211, Camarillo, CA 93010

Phone: 805-484-2818

Fax: 805-482-0028

Deborah Marlow-Mejia, M.D., F.A.A.P.

Robert Charles Vasko, M.D., F.A.A.P.

Newborn Waiver

Date _____

I understand that most health plans allow 30 days to add my newborn to my policy. I acknowledge that my child must be added within that time frame to be covered and if on an HMO policy the primary care physician must be one of Pleasant Valley Pediatrics physicians. If my child is not properly added to the policy I will be responsible for all balances to be paid in full and brought current.

Patient Name:

DOB:

Insurance Name:

Parent Signature:

Original in chart/copy to parent Received: Initials _____