



**La SHARON SAMUELS, MD, FAAP**  
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**[www.countrycreekpeds.com](http://www.countrycreekpeds.com)**

**Please Check One of the Three Options for Billing and Payment**

- Bill my Health Insurance Carrier. (Note: if your Insurance Carrier declines to cover the cost of the vaccine(s) administered, it is the full responsibility of the Parent/Guardian to pay for the cost of each vaccine and its administration.)
- No insurance or under-insured Vaccines for Children (VFC) vaccine; however, it is the full responsibility of the Parent/Guardian to pay for administration of each vaccine provided.
- Michigan Medicaid Plan (Meridian, Molina, Blue Cross Complete, etc.); VFC vaccines

**Payment Agreement**

I understand that Insurance Contracts are made between myself as the patient's Parent/Guardian, and the Insurance Carrier. I understand any amount that my Insurance does not pay is my responsibility.

I understand payment in full is due at the time of service. This includes copays, deductibles, BCBS Master Medical amounts and services rendered to those whose Insurance we do not participate with.

I understand the policy of Country Creek Pediatrics is the Parent/Guardian who brings the patient to an appointment is responsible for any amounts due (copays, past balances, etc.) on that date of service. I understand if a Payment Arrangement has been made with Country Creek Pediatrics, it is a courtesy. A monthly payment towards the balance must be made each month. I understand my child may not be scheduled until a payment has been received.

I understand Country Creek Pediatrics assesses a \$25.00 fee if I do not show to a scheduled appointment. I understand a monthly billing fee of \$25.00 is assessed to balances that are more than 30 days past due and reported to all major credit bureaus.

The above policy is clear and agreeable to me.

\_\_\_\_\_  
Signature of Parent/Guardian (or Patient is Aged 18+)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Patient (Please Print)

\_\_\_\_\_  
Date of Birth