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Pediatric Intensive Care
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310 N Smith Ave, Suite 460
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(651) 220-7000
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Patient Name: _____

Patient Date of Birth: _____

Appointment Date: _____

Additional Testing

Your child's doctor has recommended additional testing.

The testing will be completed outside of our office at Children's Hospitals and Clinics. Since we are a private clinic and separate from Children's Hospital, you will receive a separate bill for any additional testing.

It is your responsibility to verify insurance coverage for this testing. We recommend contacting your insurance company prior to testing, as some insurance companies require prior approval or authorization. Generally, you will find the customer service number listed on the back of your insurance card. You may also contact Children's Revenue Management at (952) 992-5627 for cost estimates and financial questions.

I recognize that Children's Respiratory has advised me to contact my insurance company prior to testing.

Parent Signature

Date

Click to Submit

**NOTE: By submitting this document to Children's Respiratory & Critical Care Specialists, you are providing implied consent that you understand the risks of sending personal health information in a non-secure email format.*