

**Jeffers, Mann & Artman Pediatric and Adolescent Medicine, P.A.**

**NEW PATIENT RECEIPT OF NOTICE OF POLICIES  
WRITTEN ACKNOWLEDGEMENT FORM**

I, \_\_\_\_\_ have reviewed a copy of the Jeffers, Mann and Artman  
(Parent and/or Patient)

Pediatric and Adolescent Medicine, P.A.'s;

\_\_\_\_\_ Notice of Billing 101, Financial Policy Version 11/23/2013  
(Initials)

\_\_\_\_\_ Notice of Practice Policies Version 1/9/2014  
(Initials)

\_\_\_\_\_ Notice of Immunization Policy Version 1/1/2014  
(Initials)

Printed Copies are Available

If parent signing, please list child's/children's full name(s) and Date of Birth (DOB):

\_\_\_\_\_  
Name DOB

\_\_\_\_\_  
Name DOB

\_\_\_\_\_  
Name DOB

\_\_\_\_\_  
Name DOB

\_\_\_\_\_  
Name DOB

\_\_\_\_\_  
Name DOB

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date