



Sarasota

Children's Clinic

Pediatrics & Adolescent Medicine

3920 Bee Ridge Rd Bldg A. Ste. C
Sarasota, FL 34233
941-923-3667, FAX 941-924-3246

Dear Patient:

We require the following insurance information:

Insurance Name: _____

Participating Laboratory: _____

Participating Radiology: _____

Participating Hospitals: _____

**IF YOU DO NOT KNOW THE ABOVE INFORMATION WE WILL
SEND YOU TO A FACILITY OF OUR CHOICE. YOU MAY RECEIVE
A BILL FROM THE FACILITY THAT PROVIDED THE SERVICES.**

**I UNDERSTAND AND TAKE RESPONSIBILITY FOR THE ABOVE
INFORMATION.**

SIGN: _____

DATE: _____