



Florida Pediatric  
Pulmonology  
Luis A. Faverio, MD, FAAP  
Board Certified

**DISCLOSURE AGREEMENT AND RESPONSILITIES OF PATIENTS.**

Thank you for choosing Florida Pediatric Pulmonology (FPP) as your health care provider. FPP is committed to your treatment being successful.

The following is a disclosure agreement and responsibility of patients, which **FPP requires you to read and sign prior to any treatment:**

- FPP cannot bill your insurance company unless you provide all the information needed to do so.
- The Insured or The Parent/Guardian will make every effort to understand the benefits of the insurance plan, even to the extent of calling the carrier, or the Primary Care Physician to insure that your benefits are received in a timely manner.
- If the plan is an HMO insurance that requires an authorization, it is the Patient/Guardians responsibility to obtain that first authorization.
- The Parent/Guardian is ultimately responsible for payment of services, including services that are not covered by the insurance company.
- The Parent/Guardian agrees to be on time for appointment and agree to pay a **\$50.00 charge for any missed appointments** if there is a failure to notify the office 24 hours in advance.
- The Parent/Guardian is responsible for co-payment at the time of the appointment. If there is a failure to do so, **FPP** has the right to bill Parent/Guardian for the co- payment amount.
- The Patient records will be held in strict confidence and will only be released upon written notification from Parents/Guardian.

**I acknowledge that I have received Florida Pediatric Pulmonology's Notice of disclosure agreement and responsibilities of patients. I agree with the above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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