Metro Pediatrics, P.C.

Derrol Dawkins, MD, FAAP Ebonee Lyons, MSN, FNP-BC Susanne S. Matthews, MD, FAAP Virginia M. Thomas, MSN, FNP-BC

401 Valley Avenue
Birmingham, Alabama 35209
Office (205) 941–1414 Fax (205) 941–1313

MetroPediatricsPC.com

"Metro Excellence. . . Current, Comprehensive, Compassionate."

Parent or Guardian,

Comprehensive preventive (well child) care is important, desirable, and recommended by our practice. However, several insurance companies may not cover routine physicals and/or certain procedures, labs, or immunizations. These may include the following:

the following	•	ares, labs, or illillar	iizations. Those may include
CBC U/A Lead	Venipuncture/capillary Strep MCA	Immunizations Hearing Test Vision Test	Flu Shot/Flu Mist UCG OAE
You may also receive additional charges from the reference lab. Your signature indicates that you have read the above information and understand that you are responsible for payment of services that are not covered by insurance.			
Name of Patien	nt		
Date of Birth			
Signature of Gu	uarantor		
Date			