JELLYBEAN PEDIATRICS, LLC

Financial Authorization & Vaccine Billing Acknowledgment

Version 1.0 • July 2026

Covered Patients

This Acknowledgment applies to all children enrolled under this membership whose parent or legal guardian signs below.

Membership Fees

I understand that Jellybean Pediatrics operates as a direct primary care (DPC) pediatric practice.

I understand that:

• Membership fees are paid directly to Jellybean Pediatrics and are not billed to insurance.

• Membership fees are not health insurance premiums.

• Membership fees are due regardless of visit frequency.

• Membership fees are billed on a recurring basis using the payment method I provide.

• I am responsible for maintaining current payment and contact information.

• Subject to Ohio law requirements governing termination of a physician-patient relationship, failure to maintain payment may result in suspension or termination of membership in accordance with the Patient Membership & Services Agreement.

Vaccine Billing

I understand that vaccines are not included in membership fees.

When available, Jellybean Pediatrics may provide vaccines and related administration services separately from membership services.

Vaccine availability may vary based on supply, manufacturer availability, insurance participation, and other factors.

I understand that:

• Vaccine products and vaccine administration will be billed separately.

• Jellybean Pediatrics will submit vaccine-related claims to my insurance plan when participation and billing are available.

• Insurance participation for vaccines does not change the direct primary care nature of the practice.

• Membership fees are never billed to insurance.

• Insurance coverage for vaccines varies by plan.

• I remain financially responsible for any deductible, copayment, coinsurance, non-covered amount, or balance that is my responsibility under my insurance plan.

Authorization

I authorize Jellybean Pediatrics to:

• Securely store my designated payment method and charge that payment method for recurring membership fees and other authorized charges.

• Submit vaccine-related claims to my insurance carrier when appropriate.

• Receive payment directly from my insurance carrier for vaccine-related claims.

I understand that I am responsible for notifying Jellybean Pediatrics of changes to my insurance information, billing information, mailing address, phone number, or email address.

If a charge is declined or cannot be processed, I agree to provide updated payment information promptly.

Acknowledgment

By signing below, I acknowledge that:

• I have read and understand this Financial Authorization & Vaccine Billing Acknowledgment.

• I understand that membership fees are separate from vaccine-related charges.

• I understand that membership fees are not billed to insurance.

• I understand that vaccine-related services will be billed to insurance when available.

• I understand that vaccine claims submitted to insurance may be denied in whole or in part and that I remain responsible for amounts not paid by my insurance plan.

Parent / Guardian Electronic Signature

By electronically signing this Agreement during online enrollment, I certify that I am the parent or legal guardian of the enrolled minor child(ren) and agree to the terms of this Agreement.

Accepted by Jellybean Pediatrics

Lauren Beene, MD

Electronically executed during enrollment