



Billing and Fees

All co-payments are expected at the time of service

Missed Appointment (if not canceled 2 hours prior) \$30.00

Missed well appointments (not canceled 24 hours prior) \$50.00

Return Check \$25.00

Co-payment not paid at time of service \$20.00

School/sports/daycare/camp form
(unless associated with a well visit) \$5.00

Transfer records out \$15.00 per patient
\$30.00 max. Per family

Our contracts with insurance companies require that we verify if your current coverage and co-payment at each visit. **Please bring your insurance card to every appointment.**

I have read and understand the financial policy of Baker Pediatrics,LLC and I agree to be bound by its terms. I understand and agree that such terms will remain in force for the duration of my relationship with Baker Pediatrics,LLC.

Print and Sign: _____

Date _____