

CHRISTAKIS PEDIATRICS, PA

SIGNATURE FORM

Please read and check the following statements in acknowledgment that you have read and understand the Financial, Privacy, and Immunization Policies of Christakis Pediatrics. These documents can be found at bocachild.com, where you can print and retain a copy for your records. Please bring this page with you to your next appointment.

_____ I have read and understand the Christakis Pediatrics Financial Policy and agree to abide by the terms of the policy.

_____ I have read and understand the Christakis Pediatrics HIPAA Patient Privacy Policy.

_____ I have read and understand the Christakis Pediatrics Immunization Policy.

_____ I understand that, if my insurance requires a copay, it is due at the time of service, and there is a \$20 billing fee in the event that I do not pay at the time of service.

_____ I understand that there is a \$25 fee for missed appointments if not canceled 24 hours before the scheduled appointment.

_____ I accept responsibility for payment of a \$250 annual fee, per family, for website and other information sources.

Parent Signature _____

Print Name _____

Date _____

Please bring the New Patient Enrollment Form, Signature Page, Insurance Cards, and a copy of your child(ren)'s immunization record with you to your next visit.