



Financial and Telemedicine Policies: (*Please initial*)

- I understand that initial intake appointments are completed via Telemedicine and are considered your first appointment with Baker Pediatrics, LLC. These are billed appointments to your insurance and co-pays are due for the appointment.
- I understand that all co-payments are due on date of service.
- I understand that missed appointments (if not cancelled 2 hours prior) will have a charge of \$40.00.
- I understand that missed well appointments (if not canceled 24 hours prior) will have a charge of \$75.00.
- I understand that returned checks will have a charge of \$30.00.
- Our contracts with insurance companies require that we verify your current coverage and co-payment on each visit. Insurance cards should be presented at every appointment.
- I understand that appointments made for immunizations only (including Flu) are considered regular appointments and are billed as such per each individual.
- I understand that I am responsible for co-pays prior to Telemedicine appointments. Payments can be made online or by calling the office.
- I understand that Telemedicine appointments will occur through the telephone.
- I understand that the laws that protect privacy of medical information and the confidentiality of medical information including HIPPA, all apply to telemedicine.
- I am consenting to receive health care services via telemedicine.

_____ I understand that every insurance agency has a different policy regarding what services it will cover and how they “classify” each visit. Once a service is provided, if your insurance company classifies it as a non-covered service or put the charges to your deductible, you will be responsible for payment of these services.

_____ I understand that for divorced/split families-the parent bringing the child in for care is responsible for the cop-payment. Both parents are responsible for payment on unpaid balances. If payment issues exist, they must be resolved between the parents.

_____ I understand that there is an administration fee for the transfer of records out per patient. Please contact the office directly to inquire about the specific cost.

Baker Pediatrics, LLC offers the option to keep a credit card or HSA card securely on file for co-pays, balances and the annual CAP fee. With enrollment in this program, receipts for co-payments and coinsurance will be automatically emailed to the address you provide.

_____ I would like to enroll. *(Please complete Payment Authorization Form)*

_____ I would like to decline from enrollment.

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.

Signature

Printed Name

Date

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