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BILLING and FEES

All co-payments are expected at time of service.

Missed appointment (if not cancelled 2 hours prior)	\$30.00
Missed well appointments (not cancelled 24 hrs. prior)	\$50.00
Returned 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 per patient \$30 max per family

Our contracts with insurance companies require that we verify your current coverage and collect your 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 my duration of my relationship with Baker Pediatrics, LLC.

Print & Sign

Date