



Thank you for choosing Pediatric Associates to be your pediatricians. In an effort to keep communication open, please initial and sign below as verification that you have received Pediatric Associates' financial policy and HIPPA policy. If you have any questions please feel free to contact our office at (859) 341-5400.

_____ Financial Policy

_____ HIPPA Policy

Child(ren)'s names and birth dates:

_____	_____
_____	_____
_____	_____

Patient or Guardian Name (printed)

Date

Parent or Guardian Signature