

Welcome to King Pediatric Clinic

- Please have your insurance card available at each appointment
- Your co-pay is due at each appointment
- We need three (3) business days to generate a referral.
- We need 72 hours to accommodate prescription refill requests. Please have your pharmacist fax requests to us at (301) 438-0708.
- We charge \$25.00 for missed appointments. Please cancel appointments at least 24 hours, in advance, to avoid this charge.
- We charge \$25.00 for returned checks.
- Patients are financially responsible for all charges not covered by their insurance carrier.

Thank you for your cooperation and for choosing our Clinic for your medical care.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guarantor or Responsible Party

\_\_\_\_\_  
Date