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FINANCIAL POLICIES ACKNOWLEDGEMENT

By my signature below, I hereby acknowledge that I have received a copy of Walden Pond Pediatrics, PC's Financial Policies and/or I have been provided an opportunity to review it.

Patient Name (print): _____

Signature: _____ Date: _____

If the patient is a minor (under 18 years of age), the responsible parent or guardian must sign above, and fill in the information below.

Parent/Guardian Name (print): _____ Relationship to Patient: _____