Aquarius Pediatrics
Growing Happy Families

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Patient Self Pay Agreement

I understand that Aquarius Pediatrics, PLLC is accepting me/my dependents as a Self Pay Patient. I understand that I am responsible for payment of services rendered and any outstanding balances at time of service. Aquarius Pediatrics will not file a claim with any insurance, including all forms of Medicaid, now or retroactively.

Patient Name: _____

Patient Date of Birth: _____

Parent or Guardians name: _____

Signature: _____

Today's Date: _____

Aquarius Staff Signature: _____