



John A. Boyle, DO, FAAP, FACOP
Roberta A. Bobal-Savage, MD, FAAP
Helen S. Economy, MD, FAAP
Matthew J. Hornik, DO, FAAP
Michelle D. Ober, MD, FAAP

Lactation Consultation Option

I have been made aware of the in-office Lactation Consultations. I understand that some insurance companies do not pay for this service and that the charge for the service is \$40.00 for every 15 minutes of time spent face-to-face with me and my child.

_____ I wish to receive lactation consultation with the consultant at Pediatric Care Corner. I understand that if my insurance company does not pay for this service, I will be responsible for full payment of the service I am receiving.

Child's Name (Patient Name): _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Today's Date: _____