TREATMENT TO MINORS

Pediatric Dermatology of North Texas, PA
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Many times parents find themselves unable to accompany their child, teen or young adult children to appointments. This form has been prepared for your convenience should you at some time be unable to accompany your child.

I hereby grant to Fred E. Ghali, MD, or PNP's permission to treat my child when they arrive at the office unaccompanied.

CHILDS NAME: ____ DATE OF BIRTH: _____________

____ DATE: __________________________________
Signature of Parent

****NAME OF ADULT BRINGING UNDER AGE CHILD: ____**

AUTHORIZATION TO CHARGE SERVICES TO MAJOR CREDIT CARD AT TIME OF SERVICE

<u>**THIS AGREEMENT IS REQUIRED IF YOU WISH YOUR UNACCOMPANIED CHILD TO BE SEEN**.</u>

My minor child will be coming to the office for regular treatment of his/her dermatological condition unaccompanied, I authorize the above physician to charge to my major credit card (listed below) under the following circumstances:

Initials

______ I understand that I am responsible for payment of my account at the time of service for deductibles non-covered services medically unnecessary services, co-payments and insurance balances, should my primary insurance be with a company with which the physician is contracted. If my insurance company is not one with which the physician is contracted, I am responsible for the entire amount at the time of service.

______ The child will have a form a payment with them at the time of service.

❒ VISA ❒ MASTER CARD ❒ DISCOVER

Credit Card # ____ Expiration Date: _________

Name as it appears on card: ____
PRINT ONLY

____ DATE: _________________________________
Signature