

TREATMENT TO MINORS
Pediatric Dermatology of North Texas, PA
1325 West Northwest Hwy.
Grapevine, Texas 76051
817-421-3376
817-416-4269 fax

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: _____

Signature of Parent DATE: _____

**NAME OF ADULT BRINGING UNDER AGE CHILD: _____



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

****THIS AGREEMENT IS REQUIRED IF YOU WISH YOUR UNACCOMPANIED CHILD TO BE SEEN****

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

Signature DATE: _____