Patient's Name: _____

Patient's Date of Birth: _____

Consent for Treatment

I hereby give consent to the provider(s) and staff at Family Care Southwest to provide whatever treatment they deem necessary to my minor child. I understand that if my minor child has not had an appointment at Family Care Southwest in more than 3 years, my minor child's chart will be made inactive and it will be necessary to re-establish care as a new patient before any prescriptions, referrals or plans of care can be written. I understand that my minor child must be accompanied by an authorized adult in order to seek medical services.

Parent's/Guardian's Initials _____

(By initialing, you are acknowledging that you have read and understand the above consent.)

Financial Policy

As a parent/guardian of minor child patient of Family Care Southwest, you are ultimately responsible for payment of medical services your minor child receives. Cash, personal check and credit cards are accepted methods of payment.

All parents/guardians must present a photo ID and a current, valid insurance card at each visit. Insurance is a contract between you and the insurance company. We will submit claims to the insurance company as a courtesy and assist you in any way we can. It is important that you keep us informed regarding any changes in the insurance information. You are responsible for all charges not paid by the insurance company. Knowing the insurance benefits and which medical providers are in the insurance network is also your responsibility. If your minor child is covered by an insurance plan that we are not contracted with, you may be responsible for higher out-of-pocket expenses.

All co-payments and past due balances are due at the time of service. The co-payment is a contract with the insurance company. Co-payments will be collected at the time of check-in. Failure to pay/collect copays can be considered a breach of contract.

An appointment is a reservation of our office and staff for your minor child's treatment needs. This time is unavailable for someone else if we do not have adequate notice of cancellation or if your minor child arrives late for an appointment. Please give us at least 24 hours' notice if your minor child cannot keep an appointment or cannot arrive 20 minutes prior to the appointment time. Your minor child may not be seen if your minor child arrives after the appointment time. We reserve the right to charge a fee for missed appointments or late arrivals.

If your minor child's account has a past-due balance, you will receive text messages, email messages and a paper statement at various intervals regarding this balance. If you receive a text message, email message or paper statement, you may pay electronically through links in the text message or email messages, or use the link on the home page of our website (www.familycaresw.com). Failure to pay past-due balances may result in your minor child's account being sent to collections.

Parent's/Guardian's Initials _____

(By initialing, you are acknowledging that you have read and understand the above policy.)

Patient's Name: _____

Patient's Date of Birth: _____

Consent for Assignment of Benefits

I authorize payment of insurance and/or Medicare benefits directly to Family Care Southwest for the services of its provider(s) and staff in rendering care. In addition, I authorize the release of any medical information necessary to allow the insurance company and/or Medicare to process any claim(s) filed.

Parent's/Guardian's Initials _____

(By initialing, you are acknowledging that you have read and understand the above consent.)

Authorizations and Referrals Policy

We make every effort to obtain appropriate insurance referrals and authorizations on your minor child's behalf. However, it is your responsibility to verify that these referrals/authorizations are in place before services/tests/procedures are performed. If services/tests/procedures are performed without proper authorization from the insurance company, you may be financially responsible for the entire bill.

Parent's/Guardian's Initials _____

(By initialing, you are acknowledging that you have read and understand the above policy.)

Consent to Obtain Prescription Records

I authorize my provider(s) at Family Care Southwest to access my minor child's insurance prescription benefit information to coordinate my minor child's care and ensure my minor child's prescription compliance and safety.

Parent's/Guardian's Initials _____

(By initialing, you are acknowledging that you have read and understand the above consent.)

Acknowledgement and Agreement

I understand and agree to all consents and policies listed above. If the patient is a minor, as the parent/legal guardian, I understand and agree to all consents and policies on my child's behalf.

_____ _____

Parent/Legal Guardian's signature Date

_____

Parent/Legal Guardian's printed name