



ORMOND BEACH DERMATOLOGY

TREATMENT TO MINORS

Many times parents find themselves unable to accompany their 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 Ormond Beach Dermatology permission to treat my child when he or she arrives at the office unaccompanied.

This agreement is required if you wish your unaccompanied child to be seen by one of our providers.

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(s) are 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.

A receipt for charges will either be sent home with the patient, or mailed to your address.

Patient (Minor's) Name

Signature of Parent

Date