



San Antonio A thru Z Pediatrics, P.A.
1314 E. Sonterra Blvd., Ste. 5102, San Antonio, TX
210-490-8888; 210-496-6865 (fax)

7922 Ewing Halsell, Ste. 360, San Antonio, TX
210-614-7500; 210-614-7540 (fax)

Web: www.a-zpeds.com

NO SHOWS/CANCELLATIONS

I understand that San Antonio A thru Z Pediatrics, P.A. will charge me \$25 for any missed appointments that are not cancelled at least 24 hours in advance.

Initials _____

LATE ARRIVALS

I understand that in the event I am running more than 15 minutes late for an appointment, San Antonio A thru Z Pediatrics, P.A. reserves the right to reschedule my child's appointment for a later availability, accommodate my child in between patients with some wait, or reschedule my child's appointment for a subsequent date.

Initials _____

PHYSICAL FORMS

I understand that from time to time my child may need medical authorization to participate in certain activities. If this form is requested at a time separate from my child's annual exam, I understand that San Antonio A thru Z Pediatrics, P.A. can charge me \$20 for its completion.

Initials _____

Behavioral Medication Late Pick Up

I understand that if I am more than 7 days late in picking up my child's controlled substance refill, I will be charged \$5.

Initials _____

Credit Card Authorization Policy

I authorize San Antonio A thru Z Pediatrics, P.A. to keep my signature on file and to charge my card for the balance of charges identified by my insurance company as patient responsibility.

Initials _____

Signature

Date