



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](http://www.a-zpeds.com)

### **COPAYS/DEDUCTIBLES/BALANCES**

I understand that all copays, deductibles, and account balances are due in full at the time of my child's visit.

Initials \_\_\_\_\_

### **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 \_\_\_\_\_

### **FORMS & MEDICAL RECORDS**

I understand that any forms dropped at the office for completion may take up to one (1) week to complete and that there may be a charge of \$25 associated with their completion. I also understand that medical records requests can take up to two (2) weeks to complete and may be subject to a fee of \$25.

Initials \_\_\_\_\_

### **NON-GUARDIANS & UNACCOMPANIED MINORS**

I understand that if my child is brought to the office by anyone other than the parents or guardians named in the patient chart, or if my child is attending the appointment unaccompanied, the **Consent to Treat a Minor** form must be completed and presented at the time of service.

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