



TRINITY PEDIATRICS, P.A.

6105 WINDCOM COURT, #100 PLANO, TX 75093 PHONE: 972-473-9063 FAX: 972-473-9059

**EXPLANATION OF PAYMENT POLICY**

We accept cash, check and credit or debit card payments. For your convenience Visa, Master Card, Discover or American Express credit or debit cards are accepted. Payment for services is due and payable at the time the services are rendered.

All payments on unmet deductibles and co-pays are due in full at the time of service. If outdated or invalid information has been given to our office, payment in full is the responsibility of the parent/guarantor.

All insurance benefits from claims filed by TRINITY PEDIATRICS, P.A. prior to payment in full are assigned to this practice. In the event the insurance is cancelled, the services provided are not covered, or covered only in part, the undersigned is responsible for full payment for services rendered.

I, the undersigned, realize that all medical charges incurred by my dependent child for services rendered by Trinity Pediatrics, P.A. are my financial responsibility and all fees necessary to collect my account are payable by me. I also, agree that if it becomes necessary to forward my account to a collection agency, I will also be responsible for the fee charged by the agency.

Signed: \_\_\_\_\_ Patient's Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Authorization for Treatment**

I authorize the Physicians of Trinity Pediatrics, P.A., or anyone they designate, to treat (patient's name): \_\_\_\_\_ as considered necessary in my absence.

\_\_\_\_\_  
Signed by parent or guardian

\_\_\_\_\_  
Date