



Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Many times parents/guardians 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. If your child is being accompanied by another adult, for example, a grandparent or sitter, please list who may act on your behalf for treatment and updating/signing paperwork.

I hereby grant Dr. Barbara Drozdowski permission to treat my child when they arrive at the office unaccompanied.

The following people may act on my behalf when accompanying my minor child to the office:

\_\_\_\_\_  
Name Relationship to Patient

\_\_\_\_\_  
Name Relationship to Patient

\_\_\_\_\_  
Signature of Parent Date \_\_\_/\_\_\_/\_\_\_

(Signature is valid for one year from the dated signed)

**AUTHORIZATION TO CHARGE SERVICES TO MAJOR CREDIT CARD**

This agreement is required if you wish your unaccompanied child to be seen.

My minor child will be coming to the office for regular treatment of his/her dermatological condition unaccompanied, I authorize the above physician to charge to my major credit card (listed below) under the following circumstances:

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.

For whatever reason, should my account fall into a 45 day or later (after the date of service) category, I authorize this office to generate charges to my major credit card for that unpaid balance without further permission or notice.

\_\_\_\_\_ I have read and understand this agreement

(Please Initial)

\_\_\_ VISA \_\_\_ Master Card \_\_\_ American Express \_\_\_ Discover

Credit Card #: \_\_\_\_\_

3 digit # from back of card: \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

Name as it appears on the credit card: \_\_\_\_\_

\_\_\_\_\_  
Signature Date \_\_\_/\_\_\_/\_\_\_