



La Altura Pediatrics
Dominion Hills Plaza
21195 IH-10 West, Suite 2101
San Antonio, TX 78257

PAYMENT/CO-PAYMENTS

I, the Responsible Party (RP), understand that all co-payments will be collected at the beginning of my visit. If you are a Medicaid patient, you must have your Medicaid card with you.

Initials_____

NO SHOWS/CANCELLATIONS

I (RP) understand that La Altura Pediatrics will charge me \$25 for any missed appointments that are not cancelled at least 24 hours in advance.

Initials_____

LATE ARRIVALS

I (RP) understand that in the event I am running more than 15 minutes late for an appointment, La Altura Pediatrics 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 (RP) understand that my child may need medical authorization to participate in certain extra curricular activities. If a physical is requested at a separate time from my child's annual exam, I understand that La Altura Pediatrics will charge me \$20 for its completion.

Initials_____

IMMUNIZATIONS

I (RP) understand that I must follow the immunization schedule as deemed by La Altura Pediatrics. The immunization schedule has been explained to me by the physician. If I do not agree with the immunization schedule, I will be asked to seek another physician.

Initials_____

MEDICAL/SHOT RECORDS

I (RP) understand that when a shot record is requested, La Altura Pediatrics will charge me a \$5 fee. I also understand that when a copy of my child's medical records and/or FMLA forms are requested, La Altura Pediatrics will charge me \$25. I also understand that La Altura Pediatrics will no longer email or fax these records for security reasons.

Initials _____

CREDIT CARD AUTHORIZATION POLICY

I (RP) authorize La Altura Pediatrics 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 _____

PRINT NAME _____

SIGNATURE _____

DATE _____