

Treehouse Pediatrics

15930 Great Oaks Dr., Bldg. B
Round Rock, TX 78681
Office (512) 255-8868
Fax (512) 255-8869



Anselmo Unite, M.D. Debaroti Addy, M.D.

Patient's Name

Date of Birth

OFFICE POLICY – Please Read Carefully

- Copayment is due at the time of service unless prior arrangements are made. We accept Cash, Personal Check, MasterCard and Visa. If copayments are not paid, a \$5.00 service fee will be charged.
- Any balances that are applied to your deductible must be paid in full before the next office visit.
- 24 hr notice of appointment cancellation is required. Multiple no shows will be subject to dismissal.
- We do not take any new Medicaid patients, although temporary exceptions may be made for existing patients. Please ask to speak with the Office Manager.

Please sign here that you have read this office policy and agree to it.

Parent or Legal Guardian

Date

CONSENT FOR TREATMENT

I hereby authorized evaluation and treatment by the physicians and staff associated with Treehouse Pediatrics. I understand and agree that the signatures and dates on this form will not expire without written notice or in the case that a minor becomes the age of 18, and that a photocopy of this form is considered valid as the original.

Parent or Legal Guardian

Date

CONSENT TO SEE PATIENT – WITHOUT PARENT PRESENT

I hereby authorize _____ to bring my child to his/her
Name/Relationship
appointments if I am unable to attend. I understand that medical advice will be relayed to them on my behalf.

Parent or Legal Guardian

Date