

ENGLERT DERMATOLOGY LLC



DERMTEAMMD.COM

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### TREATMENT OF MINORS

Many times parents 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. **This Agreement is required if you wish your unaccompanied child to be seen.**

I hereby grant Advanced Dermatology/North Baltimore Dermatology permission to treat my child \_\_\_\_\_ (“minor child”), whose date of birth is \_\_\_\_\_ when he/she arrives at the office unaccompanied or accompanied by \_\_\_\_\_ relationship: \_\_\_\_\_.

I understand that I am responsible for payment of my minor child’s account at the time of service for deductibles, non-covered services, medically unnecessary or cosmetic services, co-payments and insurance balances, should my primary insurance be with a company with which the physician is contracted.

\_\_\_\_\_  
Name of Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Responsible Party