

Dermatology

Carla J. Bauman, M.D.

ADVANCE CONSENT TO TREAT A MINOR

Washington State Law prevents Dr. Bauman to treat a minor without the consent of his/her guardian. Dermatology does not fall into the category that allows treatment to underage minors. 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.

I hereby grant Carla J Bauman, MD/Lynne Vigesaa, ARNP/Amy Nelson, PA-C permission to treat my child, _____, when they arrive at the office unaccompanied.

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.

Initials

_____ I understand that I am responsible for payment of my account at the time of service for deductibles, non-covered services, medically unnecessary services, copayments 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.

Signature of parent or legal guardian

Printed Name

____/____/____
Date