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## DIAGNOSTIC TESTING INFORMED CONSENT & PROFESSIONAL DISCLOSURE

Thank you for the opportunity to work with you and your family. Our clients' well-being is our first priority. These guidelines are intended to best serve each family as efficiently and thoroughly as possible. Please review and sign the following.

Please initial each item:

\_\_\_\_\_ I understand that after diagnostic testing begins, the diagnostician may discover other areas of testing that need to be performed.

\_\_\_\_\_ I understand that there will be additional fees charged and that the diagnostician will alert me to any changes.

\_\_\_\_\_ I understand that the billing staff will give me a new quote for insurance benefits for additional testing.

\_\_\_\_\_ I am the responsible party for this child/student and I agree to pay the fees that are assessed after receiving a secondary quote.

Payment Policy & Cancellation Policy:

50% of all fees are expected to be paid prior to the first testing date. If fees are not paid within 48 hours of the testing date it is possible that the appointment may need to be rescheduled.

The remaining balance is expected to be paid in full at the final testing date. The account may be eligible for a payment plan; only if a credit card is on file for draft each month

\_\_\_\_\_ I have read and understand the statement above regarding the payment of fees.

8325 Walnut Hill Lane, Suite 225 • Dallas, Texas 75231 • 214-691-3535 • fax 214-691-0404

\_\_\_\_\_ I understand that upon confirmation of my child's/student's appointment, the coordinator will remind me of the account balance. Should my child/student be dropped off or come with another adult, I agree to send payment with them.

\_\_\_\_\_ I understand that if I need to make any adjustments to testing dates or need to make final arrangements for payment that I am to call Beverly at 214-691-3535 x228.

Diagnostic testing has a long waiting list. If canceling less than 48 hours in advance, a fee of \$50 for consultation appointments & \$100 for testing appointments will be charged.

\_\_\_\_\_ I have read and understand the statement above regarding cancellation.

Child/Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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