

Minor Child: _____ **Date of Birth** _____ **Date** _____

Notice to Medicaid Recipients

Medicaid is a state funded program that requires **ALL** recipients to have all necessary medical appointments completed; therefore, it is the policy of Aguirre Practice of Medicine and a requirement by the State of Texas to report any and all **MISSED** appointments to your Medicaid case worker and or provider. Failure to keep medical appointments may result in your case worker **TERMINATING ALL MEDICAID BENEFITS** based on non-compliance with state regulation. If you need to cancel your child's appointment, you must call our office at least 24 hours in advance to cancel and reschedule your appointment.

Legal Guardian Signature _____ **Date** _____

Authorization for Medical Treatment of Minors

Any child that is a minor (under 18 years of age) **MUST** have a legal guardian or appointed representative present at ALL medical appointments. **NO EXCEPTIONS!** Please fill out your child's information and the information of others that you authorize to bring your child/children to Aguirre Pediatrics.

Name of Minor	Date of Birth	Allergies/Special Conditions

I/We being the parent(s) or legal guardian of the above named minor(s) do hereby appoint:

Name	Address	Phone Number

To act in my/our behalf in authorizing unexpected medical, surgical care and hospitalization for the above named minor(s) during the period of my/our absence. This document shall be presented to a physician or appointed hospital representative at such time that may be required.

Appointments will be rescheduled if legal guardian or an appointed representative is not present at the time of treatment.

Legal Guardian Signature _____ **Date** _____