

Clinical Pediatric Associates of North Texas

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Grapevine, TX 76051
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AFTER-HOURS CALLS AGREEMENT

Patient Name(s): _____

Thank you for selecting us as partners in your child's health care. The physicians of this practice have elected to provide on-call advice by registered nurses during normal business hours at no cost to the patient family. Normal business hours are Monday through Friday from 8:00am to 5:00pm. Saturday office hours are determined by the number of patients needing care; therefore our in-house nurse is usually available from 8:00am until approximately 11:00am. This service is also available after normal business hours. **However, there is a service charge of \$20.00 per call to access the nurse and/or physician.**

Please understand that your insurance carrier may not cover this service. Therefore, these fees will be billed directly to you. This notice fulfills our obligation to any managed care insurance carriers that require advance notice for a non-covered service and will be the only notice given regarding this fee.

Some insurance carriers offer after- hours nurse telephone advice to their members and do not charge a fee. That may be another option available to you.

By signing this document, you acknowledge receipt of this notice and accept the obligation to pay the fees rendered for the after- hours service.

Thank you.

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____