

Trinity Pediatrics / Galaxy Pediatrics

6105 Windcom Court , Suite #100
Plano, Texas 75093
Ph: 972-473-9063
Fax: 972-473-9056

556 Bluebird Lane
Red Oak, Texas 75154
Ph: 972-617-6660
Fax: 469-218-0070

Self-Pay Agreement

I _____ guardian of _____ (Patient name),
acknowledge and agree that at this time we do not have insurance
coverage. I understand that I will pay for all services rendered by Trinity
/Galaxy Pediatrics, at a self-pay rate. I understand that payment is due at
time of service.

Guardian Name : _____ (Print)

Guardian Signature: _____ Date: _____