



23920 Katy Freeway
Suite 310
Katy, Texas 77494
Office: 281-392-8920
Fax: 281-392-6950

I _____ (parents/ guardians name) am aware that Katy Memorial Pediatrics does not participate in the following insurances, and agree that the patient is not enrolled in any of the insurances that are listed below.

- Medicaid or Star (Government Program)
- Marketplace (We do accept Aetna Whole & BCBS)
- Tricare
- Kelsey Seybold
- Compass plans
- Amerigroup
- Molina

It is the patient's parents/ guardians responsibility to inform Katy Memorial Pediatrics of all insurances changes and coverage, while the patient is under the care of our physician. Please provide Katy Memorial Pediatrics with primary and secondary insurances information along with the insurances cards before your child's appointment.

I DO NOT HAVE ANY OF THE ABOVE INSURANCE AND WILL BE RESPONSIBLE FOR SERVICES RENDERED HERE AT KATY MEMORIAL PEDIATRICS. I AGREE TO PAY KATY MEMORIAL PEDIATRICS, THE FULL AND ENTIRE AMOUNT OF TREATMENT GIVEN TO THE BELOW NAMED PATIENT AT EACH VISIT.

Patients Name

Patients Date of Birth

Print Parents/ Guardians Name

Parents/ Guardians Signature



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"... as if they were our own"

www.KatyMemorialPediatrics.com