



Consent agreement for payment for minor

I _____ Parent/Guardian of _____ DOB: _____

Am aware that VAYU Advanced Wound Clinic & Hyperbarics will initially not collect on the amount currently due on my deductible /co-insurance because this amount was collected at the time of my surgery/procedure was performed. I'm also aware that if VAYU Advanced Wound Clinic & Hyperbarics claims process before the claims for my surgery/procedure, there is a potential that any patient responsibility applied by my insurance will reflect on claims processed for VAYU Advanced Wound Clinic & Hyperbarics, If Vayu claims process and apply will reflect to any amounts to responsibility, I must do my due diligence and contact the provider I paid my deductible/co -insurance to and request a refund to take care of my balance applied to my account with VAYU advance Wound Clinic & Hyperbarics.

Patient Signature

Date