



Part of Optum®

## Parental Pre-Authorization for Medical Care to Children

**Patient Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

For families who are ongoing patients of a New West Physicians facility, it may be more convenient to have prior authorization for medical care delivered directly to minors, between the ages of 16-18, without a parent having to be present for treatment. Please review the following authorization for treatment and complete the information if you want to authorize medical treatment in advance.

### **AUTHORIZATION:**

I (we) request and authorize (facility):

\_\_\_\_\_ and its personnel to deliver medical care to my child. I understand that this authorization is only valid for my child that is a minor between the ages of 16-18. I understand that this authorization is valid unless it is revoked by me in writing and/or the child turns 18 (whichever comes first).

Please try to contact me (us) regarding the health care of my (our) child at the following phone number(s):

Parent/Guardian name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name and Relationship: \_\_\_\_\_

NOTE: If there are any special parental or custodial relationships (such as custody with one parent only, legal custody/guardianship with non-parent, etc.) please explain in the space below with your signature, printed name, and phone number at which you can be contacted.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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