



**Aquarius Pediatrics**  
Growing Happy Families

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[www.aquariuspediatrics.com](http://www.aquariuspediatrics.com)

I have read, acknowledge and accept the Aquarius Pediatrics policies given to me.

Parent/ Guardian signature: \_\_\_\_\_

Today's date: \_\_\_\_\_

I have read, acknowledge and accept the Assignment of benefits form for Aquarius Pediatrics given to me.

Parent/ Guardian signature: \_\_\_\_\_

Today's date: \_\_\_\_\_

I have read, acknowledge and accept the Waiver Form for Aquarius Pediatrics given to me.

Parent/ Guardian signature: \_\_\_\_\_

Today's date: \_\_\_\_\_

I have read, acknowledge and accept the HIPAA Notice of Privacy Practices for Aquarius Pediatrics given to me.

Parent/ Guardian signature: \_\_\_\_\_

Today's date: \_\_\_\_\_

Child(rens) names:

\_\_\_\_\_

\_\_\_\_\_