

Pediatric Physician Alliance of Central Texas

Membership Invoice

Annual dues are \$50.00/year to the Pediatric Physician Alliance of Central Texas. You can send this form and a check made out to Pediatric Physician Alliance of Central Texas to the address listed below. If you have multiple physicians in your group, a single form can be filled out and a single check written (This is preferable to multiple forms and checks).

Name: _____

Main Number: _____

Fax Number: _____

Group Name: _____

Address: _____

Email: _____

Web Site: _____

Office Contact Person: _____

Partners Names (if not listed above): _____

Back Line Number: _____

Nurse Coordinator(s): _____

Special Instructions for referrals: _____

Please send requested information and check to:

Pediatric Physician Alliance of Central Texas

Mara Tache, M.D.
ADC Pediatrics
2400 Cedar Bend Dr.
1st Floor
Austin, TX 78758