



FINANCIAL POLICY SIGNATURE FORM

ASSIGNMENTS OF BENEFITS:

I hereby authorize payment directly to Woodlands North Houston Heart Center for all services rendered today. I understand that I am responsible for all charges not covered by this authorization.

THE RECEPTIONIST WILL NEED TO PHOTOCOPY YOUR INSURANCE CARD IF WE DO NOT HAVE A COPY ON FILE.

****I hereby voluntarily consent to healthcare encompassing diagnostic procedures and treatment by my physician, his/her associates, assistants and other healthcare providers, as may be necessary in my physician's judgement. I have relied on my physician for information in this regard and acknowledge that no warranty or guarantee has been made as to result or care. This form has been fully explained to me and I certify that I have understood its contents.**

Signature of Patient

Date

***Please note: Drs. Aquino, Coleman, Lachterman, LaVergne, Peabody, de la Guardia, Alexander, and Nemeth are minority owners in the CHI St. Lukes Lakeside Hospital*

CHARGES FOR PATIENT SERVICES NOT TYPICALLY COVERED BY INSURANCE:

I have received, read, and understand the Woodlands North Houston Heart Center's policy regarding Charges for Patient Services Not Typically Covered by Insurance.

Signature of Patient

Date

Signature of Staff

Date