

CONSENT FOR CARE AND TREATMENT

I, _____ do hereby agree and give my consent for **West Houston Surgical Associates** to furnish medical care and treatment considered necessary and proper in diagnosing or treating my physical condition.

I understand that my protected healthcare information may be disclosed to my family members and others as designated by me. I will provide West Houston Surgical with that information. Unless otherwise stated information will only be given to patient.

BENEFIT ASSIGNMENT/RELEASE OF INFORMATION

I hereby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled, including Medicare, Medicaid, private insurance, and third party payors to **West Houston Surgical Associates**. A photocopy of this assignment is to be considered as valid as the original. I hereby authorize said assignee to release all information necessary, including medical records, to secure payment.

Patient/Guardian/Responsible Party: _____

FINANCIAL POLICY STATEMENT

I have read and understand the Financial Policy of **West Houston Surgical Associates** I agree that if I fail to make any of the payments for which I am responsible in a timely manner, I will be responsible for all costs of collecting monies paid, including court costs, collection agency fees, and attorney fees. There will be a fee of \$25 for each disability form and/or FMLA paperwork to be paid prior to the form completion. It takes 72 hours for the paperwork to be completed; please plan accordingly.

I UNDERSTAND MY RESPONSIBILITY FOR THE PAYMENT OF MY ACCOUNT

PATIENT PRIVACY PRACTICES

I have read and understand the Patient Privacy Practices provided to me by **West Houston Surgical Associates** I understand that my personal health information will be used in treatment, payment and operations; including those activities which are performed in order to improve the quality of care. I acknowledge my receipt of this information.

Print Patient's Name Here

Patient/Guardian/Responsible Party

Date

Clinic Representative/Witness

Date

West Houston Surgical Associates
12121 Richmond Ave. Suite 312 Houston, TX 77082