



**GENERAL PATIENT CONSENT FORM**

Please read this document carefully and INITIAL AT EACH STATEMENT.

This consent sheet covers Treatment Consent/Billing Consent/Financial Agreement/Patient Bill of Rights/others.

Copies of full Consents are available upon request.

SignatureCare Emergency Center is NOT an Urgent Care or Walk-in Clinic

\_\_\_\_\_ I hereby consent to emergency medical evaluation, treatment and/or services at SIGNATURECARE EMERGENCY CENTER.

\_\_\_\_\_ Medical Records may be released to my insurance carrier and/or Primary Care Physician and/or Other Adult (please specify below)

\_\_\_\_\_ I authorize direct payment of medical benefits to the emergency room physician and/or SignatureCare Emergency Center for any and all medical and/or surgical services rendered.

\_\_\_\_\_ I acknowledge that some services may be billed separately and any amounts not paid by my insurance company are my individual responsibility. (Examples: Radiology readings, Labs and/or Orthopedic supplies)

\_\_\_\_\_ I understand that if any of the services or charges are not covered by my insurance company/benefit plans or if SignatureCare Emergency Center is not able to verify/confirm my eligibility, I am responsible for all charges incurred.

\_\_\_\_\_ SignatureCare Emergency Center submits bills to all major insurances (except Medicaid, Medicare, Tricare, and CHAMPVA). Signature ER is a NON-contracted provider.

\_\_\_\_\_ SignatureCare Emergency Center cannot predict what your insurance company will cover or how they will process your claim. However, in the event of a true medical emergency, Texas insurance law requires your insurance carrier to pay at the "in network" benefit level. Bear in mind, however, that your insurance plan has the right to determine what constitutes a medical emergency. For questions or concerns about your medical coverage payouts contact your insurance carrier. (Customer service phone numbers are commonly found on the backside of your insurance card.)

\_\_\_\_\_ The patient/GUARANTOR agrees that she/he is hereby responsible for paying any ER co-payments/estimated ER co-insurance amounts determined by you and your insurance company's contract at time of service.

\_\_\_\_\_ Personal Valuables Disclaimer: I understand that SignatureCare Emergency Center will not assume responsibility for any personal property that I may bring into the facility.

\_\_\_\_\_ Accidental Exposure of Healthcare Worker: I understand, under Texas state law, that if any healthcare worker is exposed to my blood or other bodily fluid, SignatureCare Emergency Center, at its option, can test my blood for diseases including, but not limited to, hepatitis, HIV, and syphilis. I understand that SignatureCare Emergency Center is required by the state of Texas to report certain information to state agencies but I must maintain the confidentiality of my test results.

\_\_\_\_\_ The Healthcare Information of Privacy Laws and Patient Bill of Rights and Responsibilities for SignatureCare Emergency Center and the emergency physicians who staff SignatureCare Emergency Center have been presented and a copy is available upon request.

\_\_\_\_\_ Liens will be filed in accordance with Section 55.005 of the Texas Property Code. This section of the Texas Property Code specifically requires that you are informed that:

- (1) This lien will attach to any cause of action or claim you may have against another person for your injuries; and
- (2) This lien does not attach to any real property that you own.

Self-Pay Patients Only

\_\_\_\_\_ For Self-Pay Patients Only: charges must be paid in full prior to treatment via cash or credit card. (Checks not accepted).

By signing this form you are stating that you acknowledge, understand, consent and accept the terms stated above.

\_\_\_\_\_  
Signature of Patient or Representative

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff

\_\_\_\_\_  
Printed Staff Name

\_\_\_\_\_  
Date