



17685 TOMBALL PARKWAY  
HOUSTON, TX 77064  
PHN: 832-779-5433 FAX: 832-604-5433

3820 NORTH SHEPHERD DR. SUITE A.  
HOUSTON, TX 77018  
PHN: 281-766-8911 FAX: 832-742-9896

Patient Label

**\*PLEASE PRINT FRONT AND BACK**

### **FINANCIAL NEED BASED / SELF-PAY PATIENTS**

Thank you for choosing Life Savers Emergency Room. We are a fully licensed freestanding emergency medical care facility providing full concierge emergency services including diagnostics, imaging and point of care lab testing. Life Savers ER was founded on the belief that each patient is an important customer and deserves the highest quality emergency medicine offered in an environment of efficiency, convenience, and comfort.

**Our basic patient rate is \$285** The initial patient fee will increase in accordance to the urgency and complexity of your medical complaint. This will be determined during the course of your treatment. Any diagnostic testing, treatment(s) and or procedure(s) will be an additional charge to the initial fee.

**Life Savers Emergency Room will provide a Medical Screening Exam and stabilization regardless of ability to pay.**

**THE BASIC RATE OF \$285 WILL BE COLLECTED AT THE TIME OF THE VISIT AND A COPY OF YOUR DRIVER'S LICENSE WILL BE TAKEN. SHOULD THE VISIT BE MORE THAN THE INITIAL \$285 , YOU WILL BE NOTIFIED BY OUR STAFF.**

**We accept cash, and all major credit cards. The self-pay rates apply only if payment is made at TIME OF SERVICE. Any unpaid balances will be billed at our Usual and Customary rate of pricing. Usual and Customary rates may be made available by contacting Life Savers Emergency Room at (insert phone number)**

If you have concerns about your medical expenses, please feel free to discuss these concerns with your healthcare provider. Our business office staff will inform you of the cost and or/medical necessities relating to your treatment. You have every right to refuse a treatment and/or procedure. However, doing so may hinder treatment and/or limit an accurate diagnosis of your medical condition.

Again, THANK YOU for choosing Life Savers Emergency Room.

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient Name