



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

FINANCIAL INFORMATION

At the time of service, we will make a copy of (one or the other) your Government Issued Driver's License, ID, Passport, Visa and Insurance card.

Please note that we are an independent, fully licensed, Freestanding Emergency Medical Care Facility.

Shortly after your visit, you will be receiving an Explanation of Benefits (EOB) from your insurance company. Please remember that your EOB is an Explanation of your Benefits, and is **not a bill**. We submit our bills to your insurance company as out of network, through all Emergency Medical Care Facilities are legally in network. Any portion of your bill that is the patient responsibility will be adjusted to in network rates when our billing company sends your statement.

You may **PAY** your **BALANCE** at **ANY Life Savers Emergency Room** Located at **17685 TOMBALL PARKWAY HOUSTON, TX 77064** or **3820 N. SHEPHERD DR. SUITE A HOUSTON, TX 77018** or remit by mail.

Please include your account number on your check. For your convenience, Life Savers Emergency Room also accepts all major credit cards.

An itemized statement of your visit is available upon request to our Billing Department.

Questions concerning payment arrangements or collections should be directed to our Billing Department at: 832-592-1133 or 713-429-4666

Signature of Patient or Legal Guardian

Date

Printed Patient Name

If the signing party is other than the patient (please check box)

☐ I am the Qualified Personal Representative (QPR) or Legal Guardian