Life Savers EMERGENCY ROOM
Always Open . Always Ready

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

CONSENT TO TREATMENT

LIFE SAVERS EMERGENCY ROOM functions like a hospital based emergency room. Our mission is to provide prompt, friendly, caring and quality medical treatment for a wide array of emergency medical conditions.

Texas insurance laws guarantee that all fully-funded medical insurance plans must pay for all emergency medical claims. This is true for our facility as well. However, Life Savers Emergency Room does not contract with any carriers and cannot anticipate accurately what specific rates your carrier will apply to individual services. Life Savers Emergency Room may not have contractually agreed to accept a particular insurance carrier's reimbursement as payment in full for services provided. At the time of your visit, we will collect your emergency room copay and bill your insurance provider for your emergency room benefits. Individual plan deductibles and coinsurance notwithstanding, and any non-reimbursed balance will be your individual responsibility.

Consent to Treatment: I understand that independently contracted physicians will, at my request, order all tests and treatments at Life Savers Emergency Room. I understand that medicine and surgery are not exact sciences and that no guarantee or warranty has been made to me as to result or outcome. Knowing this, I consent to being a patient and agree to all necessary testing and treatment while I am a patient at Life Savers Emergency Room.

Assignment of Benefits: I authorize direct payment to be made by my insurance carrier to Life Savers Emergency Room, LLC , dba Life Savers ER, for any and all medical and surgical services rendered at Life Savers Emergency Room. I understand that if any of the services and charges are not covered by the insurance company, or if Life Savers Emergency Room is unable to verify eligibility, I am responsible for all charges incurred for services rendered. I also authorize the release of any medical records for the purpose of health care operations to be released to my insurance provider.

Accidental Exposure of Health Care Workers: I agree that if any healthcare worker is exposed to my blood or other bodily fluids, I will allow Life Savers Emergency Room at its option, to test my blood for diseases including but not limited to hepatitis, HIV, and syphilis. I understand that the result of these tests do not become a part of my medical record. I will be responsible for the charges for any such test.

Signature of Patient:_____ Date:_____

Staff Witness:_____

If the consenting party is other than the patient:

My relationship to the patient is _____ and I have signed this consent on his/her behalf.

Signature of Relative/Legal Guardian: _____ Date:_____

Staff Witness: _____