



Cardiothoracic and Vascular Surgeons
1010 W. 40th St., Austin, TX 78756
Tel: (512) 459-8753 Fax: (512) 459-0586

Financial Responsibility

I understand that on ALL services billed to my insurance company there may be an additional balance due. This is determined by my insurance company's benefit plan. This includes co-pays and deductibles.

I understand that if my insurance denies the claim(s) for medical necessity, out of network, not a covered benefit, plan terminated, is considered experimental or investigational by my plan, etc. that I will be financially responsible for the payment of the services according to the protocol of this office.

I understand if I am admitted to the hospital there may be other charges for medical services that may be considered out of network with my insurance company for which I may be responsible. CTVS cannot control or guarantee that only in-network providers for your insurance plan will be utilized by the hospital in which you receive treatment.

Signature of Patient

Printed Name of Patient

Date

Email or Phone

Guardian or Responsible Party Signature

Relationship to Patient