



**Cardiothoracic and Vascular Surgeons**  
1010 W. 40<sup>th</sup> 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**