



PATIENT CONSENTS, TERMS AND POLICIES

1. Consent to Treatment

I hereby voluntarily consent to the procedures that may be performed during this visit including emergency treatment and/or services which may include, but are not limited to, laboratory services, x-ray examination, diagnostic procedures, physician, nursing, or services rendered to me as ordered by my physician or other health care professional. I voluntarily request and consent for independently contracted physicians (via Laredo Doctors Healthcare, LLC and LER Radiology, LLC) to order all necessary tests and treatments while I am a patient at Laredo Emergency Room. I understand that medical care is not an exact science and that no guarantee or warranty is being made as to my examination, treatment, result, or outcome. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time. However, I understand that doing so may hinder my treatment and/or medical outcome.

2. Consent to Photograph

I grant permission for Laredo Emergency Room, Laredo Doctors Healthcare, LLC and LER Radiology, LLC to take photographs, should the need arise, for purposes of my treatment during my health evaluation and treatment.

3. Consent to Use and Disclose Information

I agree and consent to the use and disclosure of my health information for the purpose of treatment, payment from third party payors, and other health care operations such as the maintenance of medical records, communication of health information with other health professionals who contribute to my care, and quality peer reviews and assessments.

4. Accidental Bodily Fluid Exposure to Healthcare Worker

In the case of my bodily fluid exposure to a health care employee, I consent to testing, which may include, but not limited to, HIV or Hepatitis, to determine the presence of any communicable disease for the benefit of the exposed employee. I understand that these test results do not become a part of my medical record.

5. Smoking Policy

To maintain the health and safety of patients, visitors, and staff, Laredo Emergency Room is a strictly enforced smoke-free environment. Laredo Emergency Room is not responsible for any claim or harm arising from smoking, or from my leaving the facility for the purpose of smoking or consuming tobacco products.

6. Personal Valuables

Although the facility will make all reasonable efforts in safeguarding my valuables, I understand that Laredo Emergency Room is not responsible for the loss or damages of personal valuables.

7. Legal Relationship Between Laredo Emergency Room and Physicians

I am aware that my doctor may have an ownership interest in Laredo Emergency Room.

8. Assignment of Insurance Benefits

I hereby assign to Laredo Emergency Room, Laredo Doctors Healthcare, LLC and LER Radiology, LLC all right, title, and interest in any and all health insurance and/or health plan proceeds/benefits from any plan(s) arising from the provision of any goods and services provided by Laredo Emergency Room, Laredo Doctors Healthcare, LLC and LER Radiology, LLC and/or physicians/ health care providers thereof. This Assignment is made in accordance with § 1204.054, Tex. Ins. Code.

9. Privacy Notice and Patient Rights & Responsibilities Acknowledgement

I have received a copy of the Notice of Privacy Practice as required by the Health Insurance Portability and Accountability Act & Patient Bill Rights and Responsibilities. If I have any questions or concerns, I may contact the following:

Laredo Emergency Room
Facility Director
(956) 242-6790

Texas Department of Health, Patient Quality
P.O. Box 149347, Mail Code 1979
Austin, TX 78714-9347
+1 (888) 973-0022

hfc.complaints@dshs.state.tx.us

I further expressly and knowingly assign all rights under my benefit plan and the Employee Retirement Income Security Act of 1974 to sue my benefit plan for any breach of its fiduciary duty. By executing this assignment of benefits, I am directing the health insurance carrier or other health benefit plan providing my coverage (including, but not limited to, any employer, employer group, or trust sponsored or offered plan) to pay Laredo Emergency Room, Laredo Doctors Healthcare, LLC and LER Radiology, LLC. Laredo Emergency Room, Laredo Doctors Healthcare, LLC and LER Radiology, LLC file primary and secondary insurance claims for insured patients. I authorize the facility and/or physicians indicated above to release medical information about me as may be necessary for the completion of my insurance claims for this occasion of service to any insurance carrier or health plan.

10. Financial Agreement and Patient Guarantee

Laredo Emergency Room is NOT a participating Medicare or Medicaid provider. Medicare or Medicaid beneficiaries will be treated as self-pay patients. Laredo Emergency Room will not file a claim to Medicare or Medicaid. Medicare or Medicaid recipients may be personally responsible to Laredo Emergency Room, Laredo Doctors Healthcare, LLC and LER Radiology, LLC for payment.

Laredo Emergency Room may be an "out-of-network" provider under my insurance carrier and/or health benefit plan. I understand that my out-of-network payment responsibility may be higher than an in-network option. Texas Insurance law states that if a condition is deemed a medical emergency, insurance will pay in accordance with a plan's benefits for the services at the "in-network" benefit level, but not all emergency room services are medical emergencies.

I understand that physicians or health care providers providing services to me while at Laredo Emergency Room may bill me separately from Laredo Emergency Room. I understand that physicians or health care providers providing services to me while at Laredo Emergency Room may not be a

participating provider with the same third-party payors or benefit plans as Laredo Emergency Room. I understand that I am responsible for paying all providers subject to the terms of my health plan or insurance, if any.

I agree, whether signing as agent or a patient, that in consideration of the services to be rendered, I hereby am responsible for paying facility co-payments, deductibles, estimated facility coinsurance amounts, and any balance deemed not to be a covered benefit of the insurance policy. Monthly statements will be sent to guarantors for patient balances. Acceptable means of payment are cash, money order, cashier's check, credit card, or personal check.

Self-pay balances must be paid in full prior to discharge. If the balance due is referred to a collection agency or attorney, I understand that there may be additional fees, interest, and expenses that I will be responsible.

11. Non-Covered Services

If any of the provided services are not covered by my insurance company, or if Laredo Emergency Room, Laredo Doctors Healthcare, LLC and LER Radiology, LLC is not able to verify eligibility, I am responsible for all charges incurred for services rendered.

12. Filing Liens

Liens will be filed in accordance with Section 55.005 of Texas Property Code. This section of the Texas Property Code specifically requires that you are informed that: (1) This lien will attach to any cause of action or claim you may have against another person for injuries; and (2) This lien does not attach to any real property that you own.