



Doctors' Surgical Center
8111 S.W. Freeway
Houston, TX 77074

Billing Agreement

I _____ understand that as a result of my surgery at Doctors' Surgical Center, I or my insurance company may receive a bill for the following services:

- **Facility Charges** - generated from *Doctors' Surgical Center*
- **Anesthesia Charges** - generated from *Greater Houston Anesthesiology* phone number (713) 620-4040
- **Lab Charges** – generated from *Quest Diagnostics* phone number varies according to draw station location
- **Pathology Charges** – generated fro *Baylor Pathology* phone number (713) 798-6348
- **Professional Charges** – generated from the physician performing my surgery

I also understand that based on the above information, that Doctors' Surgical Center only generates the Facility Charges and not the other fees for which I or my insurance company may be billed. Furthermore, I understand that Doctors' Surgical Center will make every effort to bill my insurance(s) for my facility charges, but can only do so based on the information provided by myself or the office of my physician.

I understand that if my insurance company (including Medicare) does not pay my bill for any reason other than mistakes made during the billing process on behalf of Doctors' Surgical Center, I will be solely responsible for any unpaid portion of my bill.

Patient Signature

Date

Witness

Date

Deductibles/Co-pay Agreement

At this time, I cannot pay my deductible/co-pay in full. However, I understand that by law, I will be billed for this amount once my insurance pays. I also understand that once my insurance company does pay and I begin receiving bills from Doctors' Surgical Center, I will be allowed at that time to make payment arrangements with the center.

Patient Signature

Date

Witness

Date