

## **Disclosure and Authorization Form for Patient Referral to Facility**

### **Location: Sugar Land Surgery Center**

Dear Patient:

This Form is used to inform you of our verification that the above named provider(s) or entities are participating provider(s) or entities with your health plan.

We have verified your insurance coverage for participating provider(s) or entities and the recommended treatment / procedure(s) and obtain pre-certification if applicable for all services as a courtesy to you.

Please understand that the insurance verification is not a guarantee of insurance payment according to your health plan.

If you have any questions concerning your benefits or your financial obligations under your benefit plan, please call the member services number on your Insurance Identification Card or speak with the facility staff.

#### **Compliance & Disclosure under Texas Occupations Code - Section 102.006**

In compliance with Section 102.006 of Texas Occupations Code in connection with my informed consent and personal choice of doctors and facility solely based on the quality and safety of care, reputation of patient satisfaction, and my knowledge in my decision-making in exercising my rights with respect to the in-network or out-of-network coverage and cost sharing, my attending doctor(s) and/or clinic (facility) have disclosed to me at the time of initial contact and at the time of referral with respect to the choice of a doctor or facility solely in the interest of my healthcare quality and safety, as a result of my informed consent and personal choice of doctor(s) and / or facility: (A) his/her affiliation, if any, with the doctor or facility for whom the patient is referred and (B) that he / she will receive, directly or indirectly, remuneration for referring upon my such request and exercising my rights of freedom of choice for the provider(s) and facility under the in-network or out-of-network coverage as provided by my health plan, in compliance with all applicable federal and state laws, Medicare, ERISA, PPACA and the Section 102.006 of Texas Occupations Code.

#### **Doctor or Facility with affiliation and remuneration: Sugar Land Surgery Center**

I certify that I was informed of the effective alternative resources reasonable available at the time of my decision-making, and my option to use one of the alternative resources, and that I was assured by my attending physician that I will not be treated differently by the physician and his staff if I choose an alternative provider or entity.

I certify that my attending physician(s) has made referrals to participating and non-participating providers or entities based only on the needs of my individual healthcare, the medical community standard of care and my informed choice for quality and safety of the care that I will be expecting and receiving, and for provider's professional reputation and patient satisfaction in order to provide me with quality and affordable healthcare that I

personally expected under my health plan for out-of-network coverage.

I have read and fully understand this Disclosure and Authorization Form. I hereby authorize this referral to the provider(s) or entities as named above.

Please read, sign and accept the policy

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Signature

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Print Sign