

IMPACT PHYSICIANS OF TEXAS, P.A.

Consent For Outpatient Treatment

I grant permission to **IMPACT PHYSICIANS OF TEXAS, P.A.**, the treating physician(s) and to such assistants he or they may designate to perform and administer all treatment, which, in their judgment, may be considered necessary or advisable for the well being of the below named patient.

The undersigned recognizes and agrees that the **IMPACT PHYSICIANS OF TEXAS, P.A.** is not responsible for the judgment or conduct of any physician who furnishes services to the patient including the radiologists, pathologists, anesthesiologists, and the like, and that each physician who furnishes services to the patient is an independent contractor who is self-employed and is not the agent, servant or employee of the **IMPACT PHYSICIANS OF TEXAS, P.A.**.

The undersigned hereby consents to any examination, X-ray or otherwise, laboratory procedure, medication, infusions, and/or other services rendered to the below named patient under the instructions of a physician.

Assignment of Benefits

In consideration of services rendered or to be rendered to patient, the undersigned, whether he/she is a patient, patient's relative, patient's legal guardian, representative agent, hereby assigns and transfers to **IMPACT PHYSICIANS OF TEXAS, P.A.** and any practitioner providing medical goods and services to patient, any and all benefits payable to or for patient's benefits under hospitalization, sickness, or accident insurance, or any other insurance coverage, to include major medical, the payment of such medical goods and services and any and all rights, title and interest (including causes of action and the right to enforce payment) under any insurance policies or any damages, compensation, benefits, and reimbursement or prepaid healthcare plan payable as a result of medical goods and services rendered or to be rendered. **IMPACT PHYSICIANS OF TEXAS, P.A.** may charge any insurance company, other entities or individuals or any and all obligations under such policy or otherwise to the extent of payment for goods and services rendered to patient and the balance of such charges, if any, shall be the responsibility of the patient or the patient's legal guardian, representative or agent. This assignment of benefits shall become irrevocable at the time of service.

Signature: _____

Date: _____

Printed Name: _____