



MEMORIAL KATY

CARDIOLOGY ASSOCIATES

Memorial City

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Houston, TX 77043

Katy

1331 West Grand Parkway North, Suite 130
Katy, TX 77493

Methodist West

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Houston, TX 77094

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**ACKNOWLEDGEMENT OF REVIEW OF NOTICE OF PRIVACY PRACTICES
AND DISCLOSURE OF OWNERSHIP**

Please carefully review the information contained in this notice. This is furnished to all patients of Memorial City Cardiology Associates and Katy Cardiology Associates.

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Signature of Patient or Personal Representative

Date

Printed Name

RELEASE OF INFORMATION

I authorize Memorial City Cardiology Associates and Katy Cardiology Associates to release my private healthcare information **to the following family members if needed:**

Printed Name

Printed Name

Printed Name

Printed Name

CONSENT FOR TREATMENT

I consent for medical services and treatment from the physician and staff of Memorial City Cardiology Associates and Katy Cardiology Associates.

Signature of Patient or Personal Representative

Date

ASSIGNMENT OF BENEFITS AND PAYMENT POLICY

I authorize payment of medical benefits from my insurance carrier to the physicians of Memorial City Cardiology Associates and Katy Cardiology Associates. I understand if I do not assign benefits, I will be responsible to for services in full at the time services are rendered. Co-payments, co-insurance, or deductibles require payment at the time of service. If you have insurance coverage with a managed care plan, it is your responsibility to ensure we are a contracted physician. We refer lab work to numerous laboratories. It is your responsibility to ensure they are a contracted lab on your plan. If your insurance requires a referral to see a specialist, it is your responsibility to make sure there is a current referral on file with our office. I have read and understand the above policy and also understand I am responsible for timely payment of my account.

Signature of Patient or Personal Representative

Date

You should be aware that your physician may have various affiliations or ownership interests in the below facilities. You are hereby advised that if you wish, you have the right to use a different healthcare facility which we can provide you a list of at your request. You will not be treated differently by your physician if you choose another healthcare facility.

**Advanced Cardiovascular Center at Methodist | Katy Sleep and Wellness Center
West Houston Hospital | Memorial Hermann Katy Rehab Hospital**