JF Southwest Heart Clinic

Jianwei Feng, MD, PhD
Cardiovascular Medicine, Nuclear Cardiology

6609 W Sam Houston PKWY S, Suite 102
Houston, TX 77072
(713) 595-9000, Fax (713) 595-8500

Acknowledgement and Authority

1.I consent to treatment as necessary or desirable for the care of the patient named on this form, including but not restricted to any drugs, medications, lab tests or other studies which may be used by our providers or their qualified designate.

I acknowledge full responsibility for payment of such services and agree to pay my bill in full at the time of service unless other arrangements are made with JF Southwest Heart Clinic. I understand that insurance coverage is an arrangement between the insurance carrier and the patient. JF Southwest Heart Clinic will assist in billing my insurance company, but I am ultimately responsible for payment if my insurance fail to pay within a reasonable period of time. I also understand that I am financially responsible for all charges not covered by my insurance.

I authorize JF Southwest Heart clinic to release information as required by my insurance or third party payer (including my employer or my employer's workers compensation carrier) for the purpose of determining benefits. I understand that such records may include information regarding HTV/AIDS testing, substance abuse and/or mental health issues. I also authorize JF Southwest to bill my insurance or third party payer and receive payment directly from them for services rendered.

This authorization shall remain valid until I revoke it in writing. A photocopy of a faxed copy of this authorization shall be deemed as valid as the original.

2. I agree to release my RX history: Yes [ ] No [ ]

3. My email address is: _____

I agree to disclose my email address to Patient Portal: Yes [ ] No [ ]

4. I authorize _____with Phone #_____to receive my medical records.

Patient, Parent or Guardian (**Signature**): _____

Relationship to Patient: _____ Date _____

This authorization shall remain valid until I revoke it in writing. A photocopy of a faxed copy of this authorization shall be deemed as valid as the original.