

\*\*\*\*IMPORTANT INFORMATION\*\*\*\*

\*\*\*\*PLEASE READ\*\*\*\*

Todd Samuelson, M.D.  
1250 8<sup>th</sup> Ave  
Fort Worth, TX 76104  
817-335-8151

**\*\*In-Office Procedure/Surgical Consent\*\***

(Any Procedures)

The purpose of this form is to make you aware of a certain charge that may apply to your visit if you are complaining of sinus, ear, or throat problems.

If you are here for a consultation, follow-up, or post-op visit it may be necessary for the doctor to perform certain procedure in your evaluation and treatment. According to the American Medical Association these procedures are classified as an in-office procedure/surgery. Insurance companies sometimes apply these procedures/surgeries to your coinsurance and/or deductible. This may result in you owing more than just your office co-payment/coinsurance at check out (or when the insurance processes the claim). If you have any questions about your specific insurance plan benefits and your financial responsibility, please ask one of the receptionists before seeing the doctor. Please indicate your understanding and consent of these procedures by signing below.

- I understand and give consent to any necessary procedures that need to be performed during my visit.
- I understand but do NOT give consent to any necessary procedures that need to be performed during my visit

DOB \_\_\_\_\_

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Texas Health Care, P.L.L.C.**

**CONSENT FOR TREATMENT**

By signing this consent, I am authorizing my physician(s) and/or order another person to perform all exams, tests, procedures, injections, phlebotomy, and any other care deemed necessary or advisable for the diagnosis and treatment of my medical condition. This consent is valid for each visit I make to Dr. \_\_\_\_\_, with Texas Health Care, P.L.L.C. unless revoked by me in writing.

Sign \_\_\_\_\_  
*Patient/Legal Representative*

Date \_\_\_\_\_