

# APEX MEDICAL CENTER

PLEASE READ CAREFULLY AND THOROUGHLY. IF YOU HAVE ANY QUESTIONS PLEASE ASK BEFORE SIGNING.

Name of Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I hereby authorize medical/surgical treatment care and/or services by Apex Medical Center, to the above named patient.

I, the undersigned, fully understand that I am primarily and financially responsible for the fees incurred by the above named patient. I further understand that the payment to said doctor is not contingent on any settlement, judgment or verdict by which the above patient may eventually recover for said medical/surgical fees. The undersigned individually obligates him/her to pay the account of the medical services in accordance with the regular rates and terms of the physician practice.

I hereby, assign, transfer, and convey payment and authorize said payment to be made directly to Apex Medical Center, for any hospital benefits, sick benefits, injury benefits, due because of liability of a third party, or proceeds of all claims resulting from the liability of a third party, payable by any party, organization, et cetera, to or for discharge or completion of all outstanding obligations related to these medical services. I further agree that this assignment **WILL NOT BE WITHDRAWN OR VOIDED** at any time until this account for this medical service is paid in full.

I hereby authorize photocopies of this form to be valid as the original.

I authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in this case.

I authorize Apex Medical Center, to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

I certify that I have read and fully understand the above.

Signature: \_\_\_\_\_  
(Patient, parent or guardian)

SSN: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: IF A PATIENT IS A MINOR (LESS THAN 18 YEARS OF AGE), A PARENT OR GUARDIAN MUST SIGN.**

**IT'S THE POLICY OF THIS OFFICE THAT PAYMENT IS DUE AT THE TIME OF SERVICE**

Apex Medical Center  
1701 Bearden Dr., Suite 200  
Las Vegas, NV 89106