STELLA MATTINA

Account #: _____

Stella Mattina Health Inc.
Phone: 214-942-3100 Fax: 469-399-0355
Locations: 1135 N Bishop Ave. Dallas, TX 75208 | 6300 Samuell Blvd, #154. Dallas, TX 75228
| 901 N. Galloway Ave. Ste 107. Mesquite, TX. 75149 | 811 W Interstate 20 Ste 212. Arlington, TX 76017 |

FINANCIAL WAIVER

Patient's Name / Nombre del paciente: _____

Date of Birth / Fecha de nacimiento: _____/_____/_____

I understand and agree that I am financially responsible for any and all medical services not covered by my insurance plan. It is my desire to receive medical services and pay the fees at the time services are being rendered.

Yo entiendo y estoy de acuerdo que soy económicamente responsable por los servicios médicos que no son cubiertos por mi plan de aseguranza. Es mi voluntad recibir y pagar los servicios médicos al momento de ser proporcionados.

Services requested / Servicios requeridos:

_____

_____

_____

_____ _____

(Patient PRINTED Name) (Patient Signature)

Date: ___/___/____