HOUSTON HOSPITAL FOR SPECIALIZED SURGERY

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1	cerning this notice estion regarding yo (713) 528-6800. It this notice is differentially them of the e that you will have that will depend on the estimate	dedical condition and we have not yet ruled one out cerning this notice, our Patient Service Representates estion regarding your coinsurance, co-payment or co. (713) 528-6800. It this notice is different from the advance beneficial notify them of their responsibility to pay for service that you will have to pay a portion of the cost of service will depend on the services you receive.

Name: ___ DOB: _

Place patient sticker here or handwrite