



## RESPONSIBILITY FOR PAYMENT FORM

Name of Patient: ✓ \_\_\_\_\_

Age: ✓ \_\_\_\_\_

Hospital #: \_\_\_\_\_

Civil Status: ✓ \_\_\_\_\_

Sex: ✓ \_\_\_\_\_

Bed No.: \_\_\_\_\_

Attending Physician: ✓ \_\_\_\_\_

Room#.: \_\_\_\_\_

Date &amp; Time: \_\_\_\_\_

I, ✓ \_\_\_\_\_, (if incapable due to minority, physical condition or of unsound mind, write the Name of Person related to the Patient who will be responsible for the payment of surgical, medical, and professional fees), ✓ \_\_\_\_\_ (Nationality), \_\_\_\_ years old, a resident of ✓ \_\_\_\_\_, respectfully states that I would like to be admitted as a paying patient at ✓ \_\_\_\_\_ (classification of room) at Allied Care Experts (ACE) Medical Center - Valenzuela, under the care of the Physicians, Nurses, Caregivers, and Therapists, whom I authorize to perform/do diagnostic test, treatment or operation or all of them upon me or my relative. As a patient, I agree to the terms and conditions of the Hospital which it will implement from time to time specially with respect to the payment of the following fees:

- a.) Daily Room Rate
- b.) Laboratory
- c.) X-ray (if necessary)
- d.) CT scan (if necessary)
- e.) Recovery Room Fees (if necessary)
- f.) Pharmacy
- g.) Pulmonary
- h.) Professional fees
- i.) Other fees (please specify) \_\_\_\_\_.

That I understand and agree that I will be assessed and billed daily by the Billing Department and payment shall be given the following day to the Cashier's office. That if I will not be able to pay the bill due me on its due date, I understand and agree that the patient will be transferred to the hospital ward and I will be given two (2) days to settle my hospital bills from the day of transfer.

That I understand further, that if I will not be able to pay all the hospital bills in two days from the time of my transfer or the patient's transfer, I give Allied Care Experts (ACE) Medical Center - Valenzuela the authority to refer and transfer me or the patient to any government hospital of my choice and I will transfer voluntarily and peacefully vacate the hospital premises.

That the foregoing consent for admission was read and explained to me in a language/dialect I understand, and I fully understood the contents of which I will fully abide by its terms. I was not forced nor coerced when I signed the same.

IN WITNESS WHEREOF, I have hereunto set my hands this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ at Valenzuela City, Philippines.

Signed:

Interpreted by:

✓ \_\_\_\_\_  
**PATIENT/RELATIVE**  
Signature Over Printed Name

\_\_\_\_\_  
**ADMITTING STAFF**  
Signature Over Printed Name