



**Brooks TLC Hospital System**  
Inpatient Chemical Dependency  
845 RT 5&20 Main Road  
Irving, NY 14081



## **CONSENT FOR TREATMENT & FINANCIAL AGREEMENT**

### **AGREEMENT BY PATIENT, PATIENT'S AGENT OR REPRESENTATIVE**

I agree that in consideration of the services to be rendered to the patient, I individually obligate myself to pay the account of the hospital in accordance with the rates and terms of the hospital for services out of the income and assets of the patient.

I agree to use Medicare benefits, if necessary, to pay for charges. I agree to be responsible for and apply for Medicaid in a timely manner and provide all information requested.

Should any amount be delinquent or not covered by private insurance, Medicare or Medicaid, I shall pay interest at the current legal rate on any amount remaining unpaid. I agree if the account remains delinquent and requires the services of an attorney for collection, I shall pay reasonable attorney fees or collection expenses.

The undersigned certifies that he/she has read and understands the consent for treatment and financial responsibility as outlined in paragraphs 1-9 on the reverse page.

\_\_\_\_\_  
Patient Signature for Treatment and Payment

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Responsible Party, Authorized  
Representative, or Agent of Patient

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date