

# UT Health Services Travel Medicine Patient Financial Responsibility Form

Patient: \_\_\_\_\_  
Last Name First Name Middle Initial

Payment for travel medicine services is due at the time of service. UT Health Services does not bill insurance for travel medicine. If you file with your insurance and you are paid an amount less than what you paid during your visit to our clinic, UTHS is not responsible for the difference in your payment and what was paid to you by your insurance.

By signing below, I agree that I have read and understood the above financial agreement and I personally assume responsibility for all fees.

**Patient Signature:** \_\_\_\_\_

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