

MexCare® Transfer Agreement

I, _____, am a patient at _____. I hereby acknowledge that I have read, understand and agree to the following:

_____ has offered to refer me to a hospital in _____ to continue my medical care.

_____ has an agreement with MexCare to refer patients to a private hospital network in _____ for care and treatment.

I agree to voluntarily be transferred to _____, _____ where I agree to receive the balance of my medical care.

I understand the prescribed care will be provided free of charge and _____ will compensate MexCare for all medical services related to my admission.

MexCare, through its agents, will assume responsibility to provide care as prescribed by _____ and will compensate the foreign hospital and physicians for all treatment delivered related to my admission.

I understand I do not have to accept the referral proposed in this agreement to MexCare or any doctor, hospital or medical provider in _____.

I, hereby certify that I have read and understand this document. I am voluntarily agreeing to my transfer to a medical facility in _____.

Print name

Patient's signature

Date

Witness

Date