



2370 Hillcrest Road STE M, Mobile, AL 36695

Phone 251-459-6200

Fax 251-923-4244

### Return Patient Information

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_ Pharmacy \_\_\_\_\_

Reason for today's visit: \_\_\_\_\_

Address if different from previous: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

#### Consent to treat, billing, privacy

I consent to treatment for myself or above-named minor child. I understand that the examination and/or medical treatment I will receive is not intended to replace complete medical care by my personal primary physician/provider. I am aware that I will be responsible for co-payment or full payment at the time of service.

Any pre-certification that my insurance company requires is my responsibility to make. Furthermore, I allow Uptown Urgent Care to release my insurance company treatment and billing information as requested, to process my claim. I allow Uptown Urgent Care to accept assigned payments made by my insurance company on my behalf. I understand that any lack of payment by my insurance company is my responsibility, for the services rendered. Uptown Urgent Care may have additional fees that your normal primary care office does not. We are an urgent care and therefore a specialty clinic. My failure to pay may result in my account being delinquent or getting sent to collections, and at this time a \$50 dollar fee may be added to my bill. I authorize Uptown Urgent Care to release information to my primary care provider related to my treatment at this clinic.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date