



2370 Hillcrest Rd, Suite M, Mobile, AL, 36695 1-251-459-6200

**CONSENT FOR TREATMENT & PAYMENT**

I, \_\_\_\_\_, give my signed consent to **Uptown Urgent Care** to provide clinical services needed by me, including any procedures and treatments deemed necessary for my best health and wellness. I understand that **Uptown Urgent Care** will explain treatments and procedures to me. I further understand that this consent shall remain in effect until it is retracted by in writing to **Uptown Urgent Care**. I hereby authorize payment directly to **Uptown Urgent Care** from all medical benefits available to me including major medical, Medicare, private insurance, workers compensation, and personal injury coverage. I understand that if my insurance coverage does not cover the services rendered, the services will be billed to me directly. A photocopy of this agreement is to be considered as valid as an original authorization. I hereby authorize **Uptown Urgent Care** to release all information necessary to secure payments.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient/Guardian Name

**Notice of Privacy Practices and Policy**

If you have any questions about this Notice, please contact:

**Uptown Urgent Care P: 251-459-6200      Clinic Address: 2370 Hillcrest Rd, Suite M, Mobile, Al 36695**

It is the policy of **Uptown Urgent Care** to provide you with a privacy notice that explains how your healthcare information is being used and disclosed. **Uptown Urgent Care** is required by law to maintain the privacy of your protected health information and provide a notice of its legal duties and privacy practices with respect to protected health information.

This notice of Privacy Practices describes how **Uptown Urgent Care** may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by state or federal law. It also describes your rights to access and control your protected health information. "Protected health information" is information related to your past, present or future physical or mental health or condition and related health care services, including demographics that may identify you. **Uptown Urgent Care** is required to abide by the terms of this Notice of Privacy Practices currently in effect. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time and will be posted at the Uptown Urgent Care office. Upon your request, we will provide you with a revised Notice of Privacy Practices. You may request a revised Notice of Privacy Practices by calling **Uptown Urgent Care** at **251-459-6200** and requesting that a revised copy be sent to you in the mail. We retain prior versions of the Notice of Privacy Practices for six (6) years from the revision date. I acknowledge that I have received a copy of **Uptown Urgent Care** Notice of Privacy Practices. This notice describes how **Uptown Urgent Care** may use and disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my health information.

\_\_\_\_\_  
(Signature of Patient)

\_\_\_\_\_  
Date



### Patient Financial Responsibility

Thank you for choosing **Uptown Urgent Care** for your medical needs. We are committed to providing you with the highest quality healthcare. We ask that you read and sign this form to acknowledge your understanding of our patient financial policies.

#### Patient Financial Responsibilities

- The patient (or patient's guardian, if a minor) is ultimately responsible for the payment for treatment and care.
- We will bill your insurance for you. However, the patient is required to provide the most correct and updated information regarding insurance.
- Patients are responsible for payment of copays, coinsurance, deductibles and all other procedures or treatment not covered by their insurance plan.
- Copays are due at the time of service.
- Coinsurance, deductibles and non-covered items are due 30 days from receipt of billing.
- Patients may incur, and are responsible for payment of additional charges, if applicable. These charges may include:
  - Charge for returned checks - \$ 30
- You may become responsible for the medical costs of treatment for your illness or condition with the provider listed below if (1) you fail to pursue the claim for workers' compensation or (2) it is determined by the Workers' Compensation Board that the illness or condition which required treatment was not a result of a compensable workplace accident or occupational disease or (3) if an agreement is executed by you and approved pursuant to Workers' Compensation Law §32 in which you waive your right to medical benefits from the workers' compensation carrier/self-insured employer for treatment/services performed after the date the agreement is approved. If any of the above events occurs, the provider may bill you directly instead of the employer or insurance carrier, and you will be responsible for the provider's fees for services rendered.
- By my signature below, I hereby authorize assignment of financial benefits directly to **Uptown Urgent Care** and any associated healthcare entities for services rendered as allowable under standard third-party contracts. I understand that I am financially responsible for charges not covered by this assignment.

Patient Name \_\_\_\_\_

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

Date \_\_\_\_\_