

San Tan Urgent Care Health Center

Thank you for choosing San Tan Urgent Care as your healthcare provider. We are committed to providing quality medical care. We ask that you read, sign, and return this form to us prior to your treatment.

CONSENT FOR MEDICAL TREATMENT

Patient, or patient's legal representative, agrees to the following terms of treatment:

I, the patient or authorized representative, consent to any examination, evaluation and treatment regarding any illness, injury or other health concern affecting me at any time I present at San Tan Urgent Care for care. These services may include, but are not limited to, laboratory procedures, x-ray examinations, and medical or surgical treatment or procedures. I have read and understand this treatment agreement. I am the patient, the parent of a minor child, or the legally authorized representative of the patient and am authorized to act on behalf of the patient and to sign this agreement.

X _____
Signature Relationship to Patient Date
X _____
Printed Name Witness

FINANCIAL POLICY

- All patients must provide accurate and complete personal and insurance information prior to being seen by the doctor.
- Payment is required at the time of service and may be in the form of cash, debit, or credit card.
- San Tan Urgent Care may disclose all or part of a patient's medical or financial records (including information related to alcohol and drug abuse, mental health diagnosis and treatment, HIV related or other communicable disease related information) to third parties to obtain payment for services provided.
- We will gladly file a claim with your insurance company. It is your responsibility to comply with any pre-determination or notification requirements of your insurance plan. Many of the services provided may be covered and paid for by your insurance company. Unfortunately, insurance companies do not pay for all services that the provider may deem appropriate.
- In all cases we require the guarantor, the person who is financially responsible, to be personally liable for all balances.
- The Guarantor agrees to pay any and all applicable fees should the account be referred to an outside collection agency, including, and not limited to 33% of the account balance at time it is sent to collections.
- We believe the fees we charge to be reasonable and customary fees for our region and specialty. If your insurance company uses a different fee schedule, you may be responsible for any balance remaining.
- San Tan Urgent Care may charge reasonable fees for services related to your account including, but not limited to, returned check fees, interest on unpaid accounts, and medical record copies.
- Your personal information will be verified/updated at each visit, to ensure information on file is accurate.
- We may collect a deposit on the charges you incur today toward your balance (e.g. copay, deductible, self pay) and bill you for any remaining balance. All bills are due upon receipt.
- Federal laws require that we submit every claim to an insurance company accurately and report the exact services performed and the exact reason for performing them. We are not allowed to change information just so the insurance company can pay a claim.

I certify that the information provided is true and accurate. I assign any payable benefits to be paid directly to San Tan Urgent Care and authorize them to submit a claim on my behalf. I understand that I am financially responsible for any non-covered service. I authorize San Tan Urgent Care to release any information required to process claims for my care and treatment. I have read and understand the financial policy and agree to abide by it.

X _____
Signature Relationship to Patient Date
X _____
Printed Name Witness

ACKNOWLEDGEMENT OF PRIVACY ACT POLICY RIGHTS

I have been made aware of San Tan Urgent Care privacy rights policy. Privacy Act – On back of this form

X _____
Signature Relationship to Patient Date
X _____
Printed Name Witness