

Welcome!

Reason for Today's Visit? _____

PATIENT INFORMATION

Last _____ **First** _____ **MI** _____ **Gender:** Male Female

Date of Birth (MM/DD/YYYY) ____/____/____ **Age** _____ **SSN:** _____ - _____ - _____

Parent/Guardian Name: _____ **Relationship** _____
(If patient is a minor)

Address: _____ **City** _____ **State** _____ **Zip** _____

Primary Phone (____) _____ - _____ **Secondary Phone** (____) _____ - _____ **Country** _____

Primary Care Physician _____ **Phone** (____) _____ - _____

Emergency Contact _____ **Phone** (____) _____ - _____

Employer Name: _____ **Work Phone:** (____) _____ - _____

HOW DID YOU HEAR ABOUT US?

Walk/Drive by Magazine Phonebook Radio Website Facebook Twitter

Referred By Physician Family Friend Referral name _____ other _____

Email Address _____ @ _____ *For MD Urgent Care Updates

Yes, if possible communicate with me via email

INSURANCE INFORMATION

PRIMARY INSURANCE

SECONDARY INSURANCE

Plan Name _____

Plan Name _____

Policy/Subscriber ID # _____

Policy/Subscriber ID # _____

Effective Date _____

Effective Date _____

INSURED'S INFORMATION

Check here if patient is primary insured.

INSURED'S INFORMATION

Check here if patient is secondary insured.

Full Name _____

Full Name _____

Social Security # _____ - _____ - _____

Social Security # _____ - _____ - _____

Date of Birth ____/____/____

Date of Birth ____/____/____

Relationship _____

Relationship _____

Is this a: Workman's Compensation Claim (if so, please request a claims form) Accident Claim

CONSENT FOR MEDICAL TREATMENT

I hereby consent to the procedures which may be performed during this examination, including services which may include but are not limited to laboratory procedures, x-ray examination, diagnostic procedures, medical, and/or surgical treatments or procedures, anesthesia or other urgent services rendered to me under the general and special instruction of an MD Urgent Care Physician.

NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I have received the notice of privacy practices, which describes the ways in which MD Urgent Care may use and disclose my healthcare information for treatment, payment of services, healthcare operations and other described and permitted uses and disclosures.

AUTHORIZATION TO RELEASE INFORMATION AND ASSIGNMENT OF BENEFITS

I hereby authorize the payment directly to MD Urgent Care P.C. for all insurance benefits otherwise payable to me for services rendered. I understand that I am financially responsible for any and all charges not paid by insurance, and for all services rendered on my behalf or my dependants. I authorize the doctor and/or any provider or supplier of services in this office to release any information required to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

FINANCIAL AGREEMENT

In consideration of the services rendered to the patient, the undersigned (as parent, guardian, spouse, guarantor, and agent or as the patient) individually promises to pay the patient's account at the rates established by the clinic for services provided. A receipt of charges for services to the patient is available upon request. All final charges are based on multiple factors, including but not limited to the course of treatment, intensity of care, physician practices, and the necessity of providing additional goods and services.

I hereby consent, acknowledge and fully understand the above. I also understand there are no guarantees or assurances from anyone as to the results that may be obtained from any medical treatment or services rendered at MD Urgent Care P.C.

Signature of Patient/Guarantor: _____ Date: _____

For office use only

Documentation of Good Faith Efforts

To obtain patient's acknowledgement that they received provider's Notice of Privacy Practices
For use when acknowledgement cannot be obtained from the patient.

The patient presented to the clinic on _____ and was provided with a copy of MD Urgent Care's Notice of Privacy Practices. A good faith effort was made to obtain from the patient a written acknowledgement of his/her receipt of the Notice. However, such acknowledgement was not obtained because:

Patient refused to sign

Patient had a medical emergency

Other reason (describe below)

(Print)

Signature

Employee Name