

Consent and Authorizations

Consent for Medical Treatment

I give permission to East Beach Urgent Care to perform the following services that the physicians and other non-physician providers and assistants may deem to be necessary: (a) medical, surgical, and diagnostic (e.g.: including, but not limited to, x-rays, blood draws, and laboratory tests) processes, treatments, and procedures; (b) administration of injections, medications, and immunizations (with immunizations to occur after my receipt of any applicable vaccine information statements ("VIS" or "VISs")); and (c) completion of medically appropriate tests for communicable and other diseases.

Initials: _____

Narcotics Prescription Policy

Prescriptions for opioids will be written only in situations in which the provider considers them absolutely necessary and duration typically will be three days. Before prescribing or dispensing any controlled substance to you, we may request and review information from the Virginia Prescription Monitoring Program regarding your prior receipt of controlled substances. There may be additional requirements by the provider for patients receiving narcotics prescriptions.

Initials: _____

Financial Policy

Unless you are here for employer paid services, you will be responsible for either full payment or payment as indicated by your insurance plan. If East Beach Urgent Care has a contract with your insurance company, we will file today's charges with that insurance company. You will be responsible for your co-payment and/or deductible, and the cost of any services not covered by insurance. You may receive a bill from East Beach Urgent Care for any unpaid balance. Accounts not paid in a timely manner may be subject to interest, late fees and additional collection costs.

I understand that I am responsible for securing any referral/pre-authorization and that I am financially responsible for all charges not covered by my insurance.

Initials: _____

If you do not have insurance...

If you do not have insurance coverage or East Beach Urgent Care does not have a contract with your insurance company, you acknowledge that you are responsible for all costs and will be required to pay in full for your visit today. You can expect to pay an initial payment for medical treatment based on our self-pay fee schedule. This will be collected at check-in. If your treatment requires more complex evaluations, lab tests, vaccines, medications, x-rays, or supplies, you will be charged for those in addition to the appropriate office visit fee. These fees will be collected after service and treatment have been provided.

Initials: _____

Credit Card Pre-Authorization

We require a pre-authorized credit card or debit card to be scanned to cover any balance not paid by your insurance. If you provide your email address, we will inform you by email 7 days prior to charging the balance to your card.

Initials: _____

Release of Medical Records, Assignment of Benefits, Financial Responsibility

East Beach Urgent Care will submit claims to my insurance carrier as well as medical records needed to evaluate the claims for payment. I further assign payment of benefits, otherwise payable to me, to be made payable to East Beach Urgent Care.

I understand that I am financially responsible for all charges not covered by my insurance.

Initials: _____

Notice of Privacy Practices

Your name and signature below indicate that you have been made aware of East Beach Urgent Care's Notice of Privacy Practices (NOPP). You understand that the NOPP is available, and a copy will be provided if requested. If this is your first date of service with East Beach Urgent Care, please indicate to the front desk receptionist that you would like a copy given.

Initials: _____ Date Notice Received (if you would like a printed copy): _____

Telephone Contact

You consent and agree that to discuss or service your account or to collect amounts you may owe, you may be contacted by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. You expressly consent and agree that we may also contact you by sending text messages, emails, using any e-mail address you provide to us, or by pre-recorded or artificial voice or voice messages, automatic dialing methods, systems, or devices, and pre-recorded or artificial voice prompts at any telephone number associated with your accounts, including wireless or mobile telephone numbers, regardless of whether you incur charges as a result.

Initials: _____

PATIENT NAME (print): _____

PATIENT SIGNATURE: _____

PATIENT DOB: _____