

# i-Care Urgent Care

**SAFE ENVIRONMENT FOR PATIENT CARE:** Weapons other dangerous objects and drugs not prescribed by the patient's physician are not permitted in the patient treatment area, The urgent care's obligation to provide a safe environment for patient care must override the patient's right to privacy. i-Care reserves the right to search the patient treatment area and to confiscate such objects upon reasonable probable cause.

**RELEASE OF INFORMATION:** To the extent necessary to determine liability for payment and to obtain reimbursement, i-Care or attending physician may disclose portions of the patients record, including his/her medical records, to any person or corporation which is or may be liable, for all or any portion of the urgent care's charge, including but not limited to, insurance companies, health care services plan, or worker's compensation carriers. (Special Permission is needed to release this information where the patient is being treated for alcohol or drug abuse.)

**ASSIGNMENT OF INSURANCE BENEFITS:** The undersigned authorizes, whether he/she as agent or patient, direct payment to urgent care or physicians, medical groups, and practitioners' of any insurance benefits otherwise payable to the undersigned for his/her services at the rate not to exceed urgent care regular charges. It is agreed that payment to the urgent care, pursuant to this authorization, by an insurance company shall discharge said insurance company of any and all obligations under a policy to the extent of such payment. It is understood by the undersigned that he/she is financially responsible for the charges not covered by this assignment.

**MEDICARE INSURANCE BENEFITS AND EXCLUSIONS:** I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to Social Security Administration or its intermediaries or carriers and information needed for this or a related medical claim. I request that the payment of authorized benefits be made on my behalf. Some services may not be covered by Medicare, such as the following: 1) Worker's Compensation 2) dental 3) cosmetic surgery 4) custodial care 5) personal comfort items, and any service determined to be unnecessary or unreasonable by Medicare. The undersigned understands that the Department of Health and Human Services Health Care and Financing Administration requires that the patient's signature be the release of Medicare/Medi-Cal eligibility information. The undersigned authorizes Social Security Administration to release the following information to the urgent care.

**PATIENT ENROLLED IN MANAGED CARE HEALTH PLAN:** I understand that I am responsible for the guarantee of my eligibility and obtaining approval for services from my HMO/PPO plan. I must plan for payment of services rendered at this time. I agree to be financially responsible for any and all charges for the visit if not covered by my health plan.

**HEALTH CARE SERVICES PLANS:** i-Care maintains a list of health care service plans with which it has contracted. A list of such plans is available upon request. i-Care has no contract, express or implied, with any plan that does not appear on the list. The undersigned agrees that he/she is individually obligated to pay the full cost of all services rendered to him/her by the i-Care if he/she belongs to a plan which does not appear on the mentioned list.

**MEDICAL AND SURGICAL CONSENT:** The patient is in the care and supervision of his/her attending physicians and it is the responsibility of the urgent care and its staff to carry out the instructions of such physician. The undersigned hereby consents to x-ray examinations, laboratory procedures, emergency treatment, medical or surgical treatments or medical clinic services rendered to the patient under general and special instructions of the physician.

**NOTICE OF PRIVACY PRACTICE:** The privacy practice notice is posted in i-Care Urgent Care. I have read and understand how my health information may be used and disclosed. If I have questions or concerns I may request a copy of the Notice of Privacy from i-Care urgent care.

**FINANCIAL AGREEMENT: The undersigned agrees whether he/she signs as agent or patient, that in consideration of services to be rendered to the patient, he/she here by individually obligates himself/herself to pay the account of the i-Care in accordance with the regular rates and terms of i-Care and or as set forth by the terms of the managed care contracts entered into by the i-Care, and/or applicable Workers Compensation regulation. Should the account be referred to an attorney for collection, the undersigned shall pay actual attorney's fees and collection expense. Any delinquent account shall bear interest at the legal rate.**