
T: _____



Established Patient Registration

Patient Last Name _____ First Name _____ MI _____

Reason For Visit _____ Social Security Number _____

D.O.B. _____ Gender: M F Have you traveled outside the US in the last 21 days? Yes No

Email Address _____ Phone # _____

Pharmacy Name _____ Pharmacy Location _____

Has your address changed since your last visit? Yes No

Has your insurance changed since your last visit? Yes No

***If yes to either question above, please stop here and see the receptionist**

Insurance co-pay amount \$ _____ OR Self Pay

If you do not know your co-pay amount and it is not printed on your card, or you have a percentage plan co-pay, you will be charged a \$30 fee to be seen. If your co-pay is determined to be less than \$30 after your visit, you will be eligible for a refund from our billing company.

Medical Information Release Form (HIPAA Release Form)

I authorize the release of information from this visit including the diagnosis, records, examination rendered to me, and claims information. This information may be released to (please print):

Name of Spouse: _____

Name of Employer: _____

Name of Other: _____

Would you like your primary care provider to have access to these records? Yes No

Information is not to be released to anyone.

This **Release of Information** will remain in effect for this visit to the listed individuals until terminated by me in writing.

Patient/Guardian Signature

I consent to all treatment from this clinic deemed necessary by the treating provider, and I agree to cover the financial cost of this treatment. On my first visit to this clinic, I read and signed the patient financial responsibility agreement, and I understand that this agreement is in effect for all subsequent visits.

Patient/Guardian Signature _____ **Date** _____



Credit Card/ Debit Card Reserve Authorization

It's About Time Urgent Care submits claims to insurance carriers as a convenience to all our patients. At this time we request authorization to bill a major credit card or debit card to cover amounts determined by your insurance to be your responsibility.

Upon receipt of an explanation of benefits from your insurance carrier, any unpaid portion of your claim will be billed to your credit card or debit card. Should insurance pay in full, your account will not be charged. The maximum amount that your credit card could be charged for this visit is \$300.00. This authorization will not put a hold on your credit or debit card.

All credit card/debit card information will remain absolutely confidential and securely stored by First Data for 90 days. It's About Time Urgent Care will not store any banking account data.

I hereby authorize It's About Time Urgent Care to charge any and all outstanding balances, after insurance company reimbursement or denial, to my credit/debit card. I understand that I will not receive a statement if there is no balance due after processing my credit card for payment.

Cardholder's Authorization Signature

Date

Email Address (required)

You will be notified by email 7 days in advance of your credit card being charged, and given contact information for the billing company to make other arrangements if needed.