All Children's Urgent Care

Insurance Information

Please present your insurance card along with your driver's license to the receptionist so that a copy may be made. Thank you.

Consent for Treatment: I hereby grant permission for the attending physician and staff to examine and provide treatment for my child(ren).

Assignment of Benefits: I hereby assign all medical benefits for office care to the attending physician. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered valid as an original. I authorize the release of medical records to determine liability for payments and to obtain reimbursement for services rendered.

Financial Responsibility Agreement: I understand and agree that I will be financially responsible for any and all charges for the services not paid by my insurance for my visits. This includes any medical service or visit, preventative exam or physical, lab testing, x-ray, and any other screening services or diagnostic testing ordered by the physician or the physician's staff. I understand and agree it is my responsibility and not the responsibility of the physician or clinic to know if my insurance will pay for my medical service or visit, preventative exam or physical, lab testing, x-ray, or any other screening or diagnostic testing ordered by the physician or the physician's staff. I understand this and agree to be financially responsible to make full payment.

I understand that I am financially responsible for all charges whether or not paid by said insurance. I have also read and understand the following information sheet about insurance payment.

_______________________________________ Signature of Responsible Party

______________ Date

Please complete the entire registration form – front and back