

Louisiana Urgent Care, LLC

Louisiana Urgent Care requires that all co-payments and/or deductibles be paid in full prior to service. Louisiana Urgent Care will collect the amounts in which we have agreed upon with your insurance company. If those amounts are not available, you will be charged our rate and refunded once your insurance company has completely processed the claim. Louisiana Urgent Care will submit the necessary claim forms to your health insurance company for processing. In the event that your insurance company suspends the claim due to information needed from you, you will be responsible for the total bill until you provide that information and the claim is processed. From our experience, we have found that few insurance plans cover the complete cost involved. Your insurance policy is a contract between you and your insurance company. We cannot guarantee payment of your claims or accept responsibility for negotiating your claims. All charges not covered by your insurance company will be billed to you. Payment will be due upon receipt of statement. All statements not paid will be turned over to our collection agency. Louisiana Urgent Care requires patients without insurance to pay the full charges prior to service. If you are claiming a work-related injury, Louisiana Urgent Care will file your worker's compensation claim once we have received all necessary information such as carrier name, claim address, claim telephone number, claim number, date of injury, and authorization to treat from your employer. Louisiana Urgent Care accepts cash, checks, and credit cards as payment.

Please read the following and sign below. Signature is required in order to be treated.

ASSIGNMENT OF BENEFITS

I hereby authorize all payments for services rendered to dependents or myself, which are payable to me under the terms of my insurance policy, to be paid directly to Louisiana Urgent Care for services provided. I further authorize the release of any necessary information, including medical information from this office, to my insurance carrier. I understand and agree that I am financially responsible for charges not paid by my insurance company.

HIPAA – Notice of Privacy Practices Acknowledgement

I acknowledge that I have received or I have been provided the opportunity to receive a copy of the “Notice of Privacy Practice” that explains when, where, and why my confidential health information may be used or shared.

CONSENT FOR TREATMENT

I hereby consent for myself or dependent, diagnostic and/or therapeutic medical treatment, procedures, photographs, digital, or other images deemed necessary by the physician(s). I acknowledge that there is no guarantee as to the results of procedures and medical treatments performed.

CONSENT TO BE CONTACTED

I hereby consent to allowing, Louisiana Urgent Care or any contracted agencies used, to contact me to discuss information relative to my medical treatment or services in which I received.

I certify that the information I have provided is true and correct. I am aware that knowingly providing false information regarding my identity, insurance coverage etc. constitutes fraud.

Patient/Guardian Signature

Date