

Self Pay Option

FASTrack Urgent Care

Rm

REASON FOR VISIT: _____

PATIENT INFORMATION:

Soc. Sec# _____ Date of Birth _____ Sex: M or F _____

Last Name _____ MI _____ First Name _____ Married? _____

Address _____ City _____ State _____ Zip _____

Phone _____ EMAIL _____

Emergency Contact _____ Contact's Phone _____

Employer _____ Employer Phone _____

PARENT OR GUARDIAN (Patient's under 18 years old):

Last Name _____ MI _____ First Name _____ Sex: M or F _____

Address _____ City _____ State _____ Zip _____

Social Sec# _____ Date of Birth _____ Phone _____

SELF PAY:

We offer a 25% discount to new self-pay patients who pay prior to treatment. Self-pay examination with prescriptions cost only \$80. School physicals for children cost only \$40. Truck driver CDL / DOT physicals cost \$120. Minimum charge for wound repair including the prepaid discount is \$190.00. Minimum charge for physical examination and x-ray of one body part including the prepaid discount is \$155. Additional procedures and durable medical equipment may be charged or debited after treatment.

Amount \$ _____

cash/check/ _____ card # _____ exp _____

ASSIGNMENT AND RELEASE: I hereby authorize payment directly to Fastrack Urgent Care of all insurance benefits otherwise payable to me for the services rendered. I understand that I am financially responsible for all charges, whether or not paid by insurance, for services rendered to myself or my dependents. I authorize Fastrack Urgent Care to provide medical records to my family doctor, provider's billing agent, and to health insurance companies. I authorize the use of this signature on all insurance submissions. I consent to treatment of myself and dependents at Fastrack Urgent Care. HIPAA privacy policy is available upon request or declined by signing below. Checks are instantly processed and electronically transferred from your account. If you have insufficient funds, a returned check fee of \$30 or 10% of the face amount of the check, whichever is greater, will be electronically debited from your account in the event your electronic transfer is returned from your financial institution. Outstanding accounts > 1 month old will incur a 1% per month interest fee plus any collection fees. I understand that medicine is not an exact science and no guarantees can be made regarding results or treatment. X-rays will be reviewed by a board certified emergency physician but not a radiologist. If your symptoms do not improve, further testing, x-rays, or cat scans may be necessary.

Signature of Responsible Party _____ Date _____