UrgentMED

UrgentMED.com

Last Name: ______________________________ **First Name:**______________________ **M.I** _____

Date of Birth: _____________________ **Gender:** _________________ **Age:** _________________

Address:____________________________________ **City :** ________________________________

State: _________________ **Zip:** ____________________ **Phone#** ____________________

Emergency Contact Info: **Name:** __________________________________ **Relationship:** ____________

1. **MEDICAL CONSENT**: I consent to any medical treatments or procedures which may be performed on an outpatient basis (including emergency treatment or services), which may include but are not limited to medications, injections, taking of medical photographs, laboratory procedures, and/or x-ray examinations provided to me under the general and special instructions of the physicians, staff, or other health care providers of Anaheim Urgent Care, Inc. (DBA UrgentMED) and all its Associated Affiliates, (herein referred to as "UrgentMED") assisting my care.

2. **FINANCIAL AGREEMENT: I understand that all charges are due at the time of service.** I agree to pay UrgentMED for all charges for healthcare services and professional services provided to me by physicians and other healthcare professionals. Acceptable forms of payment include Cash, Visa, MasterCard, Discover and American Express.

3. **RELEASE OF MEDICAL INFORMATION:** I hereby authorize UrgentMED to release any information in my chart to any practitioner, doctor, hospital, or medical institution to which I may be referred to assist in my care. Additionally, I authorize UrgentMED to provide a copy of my medical records to my primary care physician (PCP) to allow for continuity of care.

   DISCLAIMER: Please be advised that currently there are no tests approved by the United States FDA for SARS-CoV-2 which is the virus that causes the disease COVID-19. However, the United States FDA has made the Corona Virus Sofia Antigen Test available under Emergency Use Authorization. Furthermore, the latest data from the manufacturer, Quidel, shows that the sensitivity of this test is above 93% and the specificity is close to 100%.

I, the undersigned, hereby authorize Anaheim Urgent Care, Inc. (DBA UrgentMED) and all its Associated Affiliates to provide medical procedures to be performed on myself/child. By signing, I fully understand that I am responsible for any fees incurred regardless of insurance coverage or Medicare coverage.

Patient Signature: ________________________________ **Date:** ____________________