



Thank you for choosing Boerne/Bulverde Urgent Care Centers for your medical care. We are committed to providing you and your family the best medical care possible. We ask that you read over the following information, initial the boxes and sign your name on the second page. If you should have any questions, please ask our front desk staff for assistance.

Urgent Care is the delivery of ambulatory medical care outside of a hospital emergency department on a walk-in basis without a scheduled appointment. As an Urgent Care Center, we can provide significant savings to patients and insurers over the alternative of hospital emergency departments for episodic care that can not be delayed until an appointment at a physician office is available. As an Urgent Care Center, we can treat many problems that can be seen in a primary care physician's office, but we offer some services that are generally not available in primary care physician's office (i.e.) X-Ray's, treatment of minor fractures, foreign body removal and repair of minor and moderate-severity lacerations.

Personal Information: When checking in at the front desk, all patients are required to fill out a new patient registration form before seeing the physician. In addition, we ask that you provide us your driver's license and your current insurance card(s) at each visit so that a copy of these documents can be made and kept on file in your account. We know that personal information sometimes changes such as telephone numbers, mailing address, name change or even insurance plans. This is why our front desk staff verifies your information at every visit. We thank you in advance for being patient with us during this necessary process.

Follow up appointments: If your care today involves a procedure such as laceration repair, abscess drainage, or splinting then the cost of standard follow-up care for this procedure is included in the cost of the initial visit for a period of fourteen (14) days from the date of the procedure (i.e. suture removal, removing packing and recheck of abscess, re-evaluation of sprain). Occasionally complications may occur during the post-operative/procedure period. **If such complications occur then additional charges will be incurred by the patient. Examples of these complications include: management of wound infections with antibiotics, additional drainage of abscesses, or repeat application of splints. The amount of the charge will be commensurate with the standard fees established for follow up care.** If no complications occur during the routine fourteen (14) day period, then no additional charges will be assessed at the time of follow-up. **All burn patients will be charged for each follow-up visit if dressing changes/debridement is required.**

Initial

PAYMENT POLICY: Boerne/Bulverde Urgent Care requires **PAYMENT IN FULL** at the time of service for patients whose insurance plan we do not accept, uninsured patients, and companies who are self-insured or do not have workman's compensation insurance. Patients with insurance are responsible for paying any out of pocket expenses not covered by insurance, i.e. co-payments, deductibles, or any coinsurance as stated by your insurance. Since we are a walk in clinic, we do not verify your health insurance benefits; therefore, as soon as your insurance processes your claim, you may be billed for any balance due such as any additional co-pay, deductible and/or coinsurance. Boerne/Bulverde Urgent Care prosecutes for theft of service in the event services are rendered and you are unable to meet this obligation. **THEFT OF SERVICE IS A CRIME.** Our office accepts major credit cards, personal checks, and cash. **We do not hold checks or accept post-dated checks. We do not accept partial payment. If your check cannot be directly debited through Telecheck today, you must have another form of payment available to avoid being prosecuted for theft of service.** A \$25 fee for

non-sufficient funds (NSF) will be charged on all returned checks. You will either be contacted directly or receive a statement informing you that your check resulted in NSF. If you do not respond within 10 days, you will be reported to the District Attorney's Office for further action. Patients whose account balances are older than 60 days are considered delinquent. You may be referred to a collection agency for additional action including reporting to a national credit bureau.

Initial

IF YOU HAVE INSURANCE, PLEASE READ AND INITIAL:

I certify that I, and/or my dependent(s) have insurance coverage with the insurance company listed or given to our office, and assign directly, all insurance benefits, if any, otherwise payable to Boerne/Bulverde Urgent Care for services rendered. I understand that I am financially responsible for all charges, whether or not they are paid for by insurance. I authorize my signature on all insurance submissions. The physicians at Boerne/Bulverde Urgent Care may disclose medical information to my insurance company and their agents for the purpose of obtaining payment for services and determining insurance benefits payable to related services.

Initial

CONSENT FOR MEDICAL TREATMENT:

I, knowing that I am suffering from a condition requiring diagnostic, medical, or surgical treatment, do hereby voluntarily consent to such procedures and care and to such medical, surgical or other services under specific instructions of Boerne/Bulverde Urgent Care physicians or any physician working in this facility, as necessary in their judgment. I also acknowledge that the practice of medicine is not an exact science and that no guarantees have been made to me as a result of the treatments or examination by the physicians.

I have read and understand all of the information above and agree that regardless of my insurance status I am responsible for the balance on my account. In the event my insurance company is billed, I authorize all payments of medical benefits to be paid directly to Boerne or Bulverde Urgent Care Centers. In the event of a lawsuit or action that is brought to collect on this account, all legal fees, any additional costs and disbursements will be the responsibility of the patient or responsible party.

Print Patient's Name

Date

Signature of patient or responsible party

Date

If you should have any questions please contact our Billing Office at 830-438-8953 or our Business Office at 830-438-2544. Thank you.