



HAMDEN • 1700 DIXWELL AVENUE
NORTH HAVEN • 163 UNIVERSAL DRIVE NORTH
NORWALK • 677 CONNECTICUT AVENUE
ORANGE • 109 BOSTON POST ROAD
STRATFORD • 200 E MAIN STREET
WATERBURY • 279 CHASE AVENUE / 506 FROST ROAD
WEST HAVEN • 636 CAMPBELL AVENUE

AUTHORIZATION AND RELEASE

AUTHORIZATION FOR TREATMENT

I voluntarily consent to the administration and costs of medical and surgical procedures for myself or my dependent.

ASSIGNMENT OF INSURANCE BENEFITS

I authorize payment directly to 203 Urgent Care, for all benefits payable to me.

GUARANTEE OF PAYMENT

I understand that I am financially responsible and agree to pay all charges that are not paid or billed to insurance or any third party payer. I understand that I must pay in full today for all services rendered unless my insurance is accepted. I also understand that if my insurance is accepted, I must pay all applicable insurance co-pays, or co-insurance, and deductible today. If you are unable to verify my insurance at time of service, I will pay in full for all services.

RELEASE OF RECORDS

I authorize 203 Urgent Care to release (verbal or written) confidential medical information to any person or entity including my insurance carrier, employer (if treatment is related to employer purposes), or other health care operations which may be liable to me or my practitioner (s) for changes for the treatment and for quality management, utilization review, transfer, and follow-up purposes.

RECEIPT OF PRIVACY PRACTICES

I acknowledge that I have received and read the Notice of Privacy Practices of 203 Urgent Care. I understand that a copy of this agreement may be used with the same effectiveness as the original.

(Signature)

(Date)

(Relationship to patient, if signed by someone other than patient)

CONSENT FOR NOTIFICATION OF TEST RESULTS

I give permission to 203 Urgent Care to notify _____

(Relationship) _____ my health information.

I give permission to 203 Urgent Care to leave any health information in my voicemail box.

(Patient Signature)

(Date)