____ Tuscaloosa - 5005 Oscar Baxter Drive, 35405
____ Northport - 3909 McFarland Boulevard, 35476
____ Demopolis - 705 Highway 80 West, 36732
____ Hoover - 1575 Montgomery Highway, 35216
____ Fayette - 122 17th Court Northeast, 35555
____ NorthRiver – 4960 Rice Mine Road, 35406

# Financial and Office Policies

- All professional services rendered by Med Center Urgent Care are charged to the patient. We will gladly file a limit of two insurances for you. However, patients are responsible for all fees regardless of insurance coverage.
- All co-pays, deductibles and non-covered charges are due at the time of service, regardless of who brings the patient in for his/her visit. We accept cash, checks, Visa, Mastercard, Discover and AMEX for your convenience. All debit transactions can no longer be voided same day but a refund check will be cut at the end of the business week for all transactions prior to Friday of each week.
- **All patients without insurance or where insurance cannot be verified will be charged $125 per MD office visit and $85 per CRNP office visit. If there is a MD on duty at your time of visit; you will see the MD. If the physician requires a recheck within a week and no new symptoms have occurred, the office visit will be $65 per office recheck. Any additional services rendered will be billed separately to the patient for each visit. (Please note, that procedure charges are more expensive than the $125 office visit. Therefore the $125 that is paid date of service will be applied toward the total procedure charges.) Burn rechecks are not considered procedures and will require a $40 redressing fee every visit up to 10 days after the initial office visit.**
- Most insurances do not pay for everything. If a service is not covered; the fees will become the responsibility of the guarantor.
- It is the patient's responsibility to know your insurance benefits and whether the physician you see here is or is not a preferred provider.
- In order to release medical records, we must have a release signed by a parent or guardian on file.
- There is a fee and a 48 hour waiting period on all medical forms, blue cards not associated with a check-up and medical record copying. Please check with the office staff in advance on the cost for each request.
- There is a $30.00 fee on any returned checks.
- Any send out lab work will be billed from the reference lab that performs the testing. If you have DCH insurance, you must inform the staff immediately. All DCH insurance lab must go to DCH.
- MedCenter will not accept "starter/counter" checks requiring handwritten information on the check.

**Agreement To Accept Financial Responsibility, Insurance Authorization and Assignment of Benefits**

I acknowledge that, at my request, Med Center Urgent Care has provided or will provide myself or my dependent with professional services and I agree to the above financial policy. I also understand that if I fail to comply with this agreement, and of my account becomes more than 90 days past due, it may be turned over to a collection agency, an attorney or small claims court for collection. I understand that any expense incurred by MedCenter Urgent Care in its effort to collect claims will be added to my bill and become my responsibility. Additionally, I will not be able to be seen by the doctor until my collection balance is paid in full.

When you pay by check, you expressly authorize this merchant or its agents, if your check is dishonored or returned for any reason, to electronically debit your account for the amount of the check plus a processing fee not to exceed the state maximum legal limit.

I hereby authorize the physicians of MedCenter Urgent Care to furnish medical information to my insurance carriers for payment of claims. I hereby assign to the physicians all payments for medical services rendered to myself or my dependents. I understand that I am responsible for any amount not covered by insurance.

_____     _____     _____
Signature                                                                  Relationship to Patient                    Date