PATIENT INFORMATION

MedCenter
Urgent Care • Family Medicine

Date: _____ / _____ / _____

Age: _____

Who is your primary care physician? _____

- ☐ Tuscaloosa - 5005 Oscar Baxter Drive
- ☐ Northport - 3909 McFarland Boulevard
- ☐ Demopolis - 705 Highway 80 West
- ☐ Hoover - 1575 Montgomery Highway
- ☐ Fayette - 122 17th Court Northeast
- ☐ NorthRiver - 4960 Rice Mine Road, Suite 10

Are you a home health patient? **Yes or No** If yes, name of agency _____

Are you a nursing home patient? **Yes or No** If yes, name of facility _____

CONSENT FOR TREATMENT: I consent to necessary treatment, including drugs, medicine, x-rays, lab tests and/or other studies that may be used by the medical staff.

Patient Name: Last: _____ First: _____ MI: _____

Address: _____ Apt:_____

City: _____ State: _____ Zip: _____

Primary Address: _____

Home Number: _____ Cell Number: _____ Sex: ____ Race: ____ Marital Status: ____

Social Security Number: _____ Birthdate: _____

Email address: _____

Employer: _____ Phone: _____

Person to notify in case of emergency: _____ Phone: _____

Policy Holder Social Security Number: _____ Policy Holder Birthdate: _____

If patient is under the age of 19; we must have the following information:

Guardian's Name: _____ Social Security: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Primary Number: _____ Secondary Number:_____

AUTHORIZATION FOR RELEASE OF INFORMATION: I understand that my medical information may be given to the insurance whom I have coverage, agencies which may be assisting with payment for my care, billing agencies, agencies responsible for reviewing payments and/or quality of care, and other governmental agencies. I give permission for the release fo this information. In order for us to service your account, collect monies you may owe, perform patient satisfaction follow-up or marketing, MedCenter and/or our agents may contact you by telephone at any number associated with your account, including wireless telephone numbers. We may also contact you by sending text messages or emails, using any email address your provide to us. Methods of contact may include using prerecorded /artificial voice messages and /or use of automatic dialing devices.

ASSIGNMENT OF BENEFITS: I hereby authorize payment directly to MedCenter of benefits otherwise payable to me including major medical insurance and payment of surgical or medical benefits, but not to exceed the MedCenter charges for these services. I understand that I am financially responsible to MedCenter for charges not covered by this assignment. I authorize the refund of overpaid insurance benefits where my coverages are subject to coordination of benefits.

GUARANTEE OF ACCOUNT: For services furnished by MedCenter I hereby guarantee the payment of all accounts for services rendered. For payment of said accounts for services I hereby waive all claims of exemption under the State of Alabama and agree to pay, if necessary, all costs of collection, including attorney's fee.

PERMISSION TO RELEASE INFORMATION:

If you anticipate the need for anyone else to have access to protected health information about you, please complete the information below. I (we), the undersigned patient and/or responsible party herby authorize MedCenter Urgent Care, its physicians, agents, employees or representatives to discuss to patient information about me including but not limited to past and currect medical information, billing information, appointment scheduling, prescriptions, etc release any or all to the person(s) indicated below:

OFFICE USE ONLY	PATIENT MUST COMPLETE BELOW
COPAY: **Recep Initials:**	**Spouse**
BALANCE: **Cashier Initials:**	**Parents**
NEW **EXISTING**	**Children/Other**

PATIENT SIGNATURE: _____ DATE: _____

All patients age 14 and above MUST sign their own paperwork.