Radcliff
Urgent Care
Clinic

650 West Lincoln Trail Boulevard
Radcliff, KY 40160
Phone (270) 352-4601
Fax (270) 352-4600
www.radcliffurgentcare.com

CONSENT FOR TREATMENT

I hereby authorize Radcliff Urgent Care Clinic, Its providers, employees, or agents together with any designated laboratories to perform physical examination(s) and/ or any medical testing/ treatment necessary by the treating provider. This includes any medical examinations, X-rays, medical procedures, and medical, diagnostic or laboratory test ordered by the treating provider to be carried out by the designated clinic staff.

Patient Name: _____ DOB: _____

Signature:_____ Date:_____

PATIENT'S AUTHORIZATION

I authorize Radcliff Urgent Care Clinic to apply for benefits on my behalf for services rendered. I request payment from my insurance company to be made directly to Radcliff Urgent Care Clinic. I certify that the information I have reported with regards to my insurance coverage is correct and further authorize the release of any necessary information, including medical information for this or any related claims. You agree to reimburse us the collection fees of any collection agency, which shall be based on a percentage at a maximum rate of 33.3% of the amount due at the time your account is placed with a collection agency, and all costs and expenses incurred for any collection efforts on your account, including reasonable attorney's fees incurred by the collection agency. I permit a copy of this authorization to be used in place of the original. This authorization may be revoked by me at any time in writing. I understand that nothing herein relieves me or the primary responsibility and obligation to pay for medical services provided, when a statement is rendered

COMMUNICATION

We, our employees or assignees may call by telephone regarding your account. You agree that we, our employees or assignees, may make such calls to any telephone numbers you have provided including any mobile telephone or similar device.

Signature:_____ Date:_____