



PLEASE READ AND SIGN

You expressly consent and agree to discuss or service your accounts or to collect amounts you may owe, **Superior Urgent Care**, and its officers, agents, affiliates, employees, and any affiliated or associated service providers and any third-party debt collection agency associated therewith may contact you by telephone at any telephone number associated with the account, including wireless telephone numbers, which could result in charges to you. You expressly consent and agree that We may also contact you by sending text messages, emails, using any e-mail address you provide to us, or by pre-recorded or artificial voice or voice messages, automatic dialing methods, systems, or devices, and pre-recorded or artificial voice prompts at any telephone number associated with the Accounts, including wireless or mobile telephone numbers, regardless of whether you incur charges as a result.

- I understand that I am responsible for the payment of any services rendered at time of visit.
(Please note: You may incur separate charges for Laboratory and X-Ray Services)
- I understand that I am responsible for all charges that are not covered by my insurance plan, including Medicare.
- I authorize payment of medical benefits to undersigned Physician for service rendered.
- I authorize release of medical information necessary to process claims.

Acknowledgement of Notice of Privacy Practices: A detail of your rights and how your medical information will used and disclosed is set forth in the Notice of Privacy Practices. A copy has been furnished to me and is posted in the clinic.

Patient Signature: _____

Date: _____