AllBetterCare Urgent Care Center
HIPAA Privacy Treatment and Payment Policy

Thank you for choosing AllBetterCare Urgent Care Center. We are committed to providing you with convenient access to high quality urgent medical care in an affordable, efficient, patient-focused setting. To best meet these goals, we feel that it is important that you have a clear understanding of your rights, as well as our payment and treatment policies. Your electronic signature attests that you have read and understand your rights and our policies. If you have any questions, please ask an AllBetterCare associate, and thank you again for allowing us to provide for your care.

With this electronic signature;

I (or my authorized representative) attest that the information provided on my AllBetterCare registration form is true and accurate to the best of my knowledge and belief. I (or my authorized representative) agree that AllBetterCare provided me with Notice of Privacy Practices for protected health information pursuant to the Health Insurance Port ability and Accountability Act (HIPAA), and I have read and understood said information.

I (or my authorized representative) agree to assign to AllBetterCare any and all health care benefits to which I am entitled under any policy of insurance, including but not limited to workers' compensation and Medicare, and authorize to the extent permitted by law, payment of those benefits to AllBetterCare for any treatment rendered or directed by AllBetterCare. With this electronic signature, I understand that at the time of services rendered, I am responsible for all charges and any balance due, including but not limited to co-payments and charges applied to any deductibles, or not covered under my insurance policy. I hereby authorize the release of all information necessary to secure payments of benefits. If I do not have health care benefits, I agree that I will pay at the time of service all charges and any outstanding balance related to any treatment I have received. I understand that if my personal balance is not paid within thirty days of my first statement date I may be charged a late fee up to $25 (twenty-five dollars) per billing cycle. I agree that there is a $30 charge for returned checks.

I (or my authorized representative) agree that I have a right to consent or refuse any treatment or procedure offered to me. I also agree that I will be given the opportunity to discuss with AllBetterCare any risk, benefits, treatments, or alternative treatments for my medical condition, and that AllBetterCare may administer any treatment or procedures deemed advisable for my care. AllBetterCare will do so in a manner consistent with the current standards of medical care, but makes no guarantees as to the results of any treatment.

I (or my authorized representative) agree that any personal health information, including but not limited to dispensed medications, treatment instructions, laboratory results, or x-ray studies, given to me by AllBetterCare is my personal responsibility, and hold harmless AllBetterCare for any misuse of my personal health information that is the result of my mishandling.

I (or my authorized representative) agree that AllBetteCare or our agents may call my home, cell phone, or other alternative location that I have directed, and leave a message on voicemail or in person in regards to any items that assist the practice and carrying out treatment, payment, and health care options, such as appointment reminders, insurance items, and any calls pertaining to my clinical care. I further agree that AllBetterCare may communicate such information to me via USPS mail. I further agree that AllBetterCare may contact me via email regarding patient statements, but not my personal health information, unless otherwise directed on a secure patient portal. I also agree that AllBetterCare may communicate my personal health information to my primary care physician or other specialist that AllBetterCare deems necessary for continuing care.

I agree that if I do not sign this consent, or later revoke it, AllBetterCare may decline to provide any treatment for non-emergency medical care. My electronic signature on record indicates that I understand and agree to all aforementioned policies.

Again, thank you for your cooperation and choosing us for your medical care.

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