YUBAdocs URGENT CARE

**Financial Policy**

We request payment at the time of service.

We will make every effort to provide you with the accurate amount due at the end of your visit today. However, your medical and billing records will be reviewed within 1-2 business days of your visit. If there are any discrepancies in the coding and billing, you will receive an additional bill or a refund if overcharged.

**Insured Patients:** We are contracted with some insurance carriers and we will bill directly for you. Please provide us with a copy of your insurance card. If a co-payment and/or a deductible is part of your plan, we require that your portion is paid at the time of service. If we are not contracted with your insurance company and cannot verify your benefits during your visit, we will collect in full at the time of your visit. In either case, once your insurance company processes your claim, you will receive an Explanation of Benefits (EOB) from your company, which will show you what you owe or are due as a refund. After we receive the EOB, we will charge or refund your credit card any remaining balance or credit that it shows.

We require a deposit at check in of $100 for a visit and $200 for a procedure, such as a laceration repair or fracture. This can be in the form of cash, check or a credit card. Credit cards are stored in a secure digital credit card vault, which is compliant with the Payment Card Industry Data Security Standard (PCI-DSS) guidelines. Our agreement with you will remain in effect during the calendar year of signature or until the credit card expires or payment option changes.

We do not bill insurance for travel consults & immunizations, or for sports, camp, school, DOT or similar physicals.

**Uninsured Patients:** We offer a 20% discount to uninsured patients when the bill is paid in full at the time of service.

**Motor Vehicle Accident Patients:** If you provide your insurance and claim information, we will submit your bill. Because of liability and coverage uncertainties, personal health insurance and a credit card are required as a back up to automobile insurance. If you do not have health insurance, fees will be due at the time of service.

Yubadocs Urgent Care, in compliance with the California Business and Professions Code, hereby notifies you of your right to either have your prescription filled by us or at a pharmacy of your choice. Please advise the prescribing provider if you elect NOT to have your prescription filled here and a prescription will be sent to a pharmacy of your choice.

**Release of Information**

I hereby authorize the release of any medical information to insurance carriers needed to process a claim and request payment be sent to Yubadocs Urgent Care for medical services rendered. I understand that I am financially responsible for all charges whether or not they are covered by insurance, and that I will be expected to pay if insurance has not paid within 60 days. I agree to a $25.00 service charge on any check I present which is returned unpaid.

Patient Name:_____ DOB:_____

Signature **X**_____ Patient/Custodian/Guarantor Date:_____

**X**_____ X_____ X_____

Print name as it appears on card | Last 4 digits of cc# | Expiration date

X_____ (Cardholder Signature if different from Patient)