REDDY Medical Services URGENT CARE

9261 Laguna Springs Drive, Suite 100 • Elk Grove, CA 95758
Phone (916) 688-1111 • Fax (916) 688-1212

AUTHORIZATION TO TREAT AND ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff of Reddy Medical Services and Reddy Urgent Care licensed under the provisions of the Medicine Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment or care being required but is given to provide authority and power to render care which the physician on duty, in the exercise of his best judgement, may deem advisable.

Patient's
Name_____

It is customary to pay for all services on the date rendered unless other arrangements were made before your appointment. The patient and the guarantor are responsible for all deductibles and co-pays at the time of the visit as well as any other fees in accordance with insurance contracts. The patient and guarantor are responsible for all elective or non-covered services and any other services that are not considered medically necessary.

I authorize the release of any medical information necessary to process this claim, and I request that payment of medical benefits be made directly to Reddy Urgent Care Medical Services. I hereby acknowledge that I am fully responsible for payment as listed above.

I, the undersigned, accept full financial responsibility for any portion of the bill for services rendered at Reddy Medical Services and Reddy Urgent Care that my insurance carrier(s) does not pay.

Signature of
Patient: _____ Date _____

Guarantor (if other than patient)_____

Date: _____

Witness:_____

Date: _____