REHOBOTH
URGENT CARE
POSITIVELY IMPACTING LIVES

Rehoboth Urgent Care

CONSENT FOR TREATMENT & PAYMENT

I give my signed consent to Rehoboth Urgent Care (the Healing Room) to provide clinical services needed by me, including any procedures and treatments deemed necessary for my best health and wellness. I understand that Rehoboth Urgent Care (The Healing Room) will explain treatments and procedures to me. I further understand that this consent shall remain in effect until it is retracted in writing to Rehoboth Urgent Care (The Healing Room).

I understand that I may be seen by a non-physician mid-level provider and NOT a doctor.
Medical emergencies should be evaluated and treated by a physician in an emergency room.
This clinic is not an emergency room.

I expressly consent and agree that, in order to discuss or service my account(s) (the "Accounts") or to collect amount I may owe, Rehoboth Urgent Care (The Healing Room), and its officers, agents, affiliates, employees, and any affiliated service providers and any third-party debt collection agency associated therewith (collectively, "We") may contact me by telephone number associated with the Accounts, including wireless telephone numbers, which could result in charges to me. I 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 hereby authorize payment directly to Rehoboth Urgent Care (The Healing Room) from all medical benefits available to me including major medical, Medicare, private insurance, workers compensation, and personal injury coverage. I understand that if my insurance coverage does not cover the services rendered, the services will be billed to me directly.

A photocopy of this agreement is to be considered as valid as an original authorization.

I hereby authorize Rehoboth Urgent Care (The Healing Room) to release all information necessary to secure payments.

Signature: _____

Name (print) _____

Date: _____