



Rehoboth Urgent Care

PATIENT FINANCIAL POLICY

AND CREDIT CARD AUTHORIZATION AGREEMENT

Rehoboth Urgent Care (The Healing Room)

Thank you for choosing **Rehoboth Urgent Care (The Healing Room)** for your medical needs. We are committed to providing high-quality, compassionate healthcare. Please review this document carefully. Your signature acknowledges your understanding and agreement with the financial policies outlined below.

PATIENT FINANCIAL RESPONSIBILITY

The patient, or the patient's parent/guardian if the patient is a minor, is ultimately responsible for payment of all services rendered.

As a courtesy, we will submit claims to your insurance carrier when applicable. However, it is the patient's responsibility to provide accurate, complete, and current insurance information at the time of service.

Patients are responsible for all charges not covered by insurance, including but not limited to:

- Copayments
- Coinsurance
- Deductibles
- Services or procedures deemed non-covered by the insurance plan

Copayments are due at the time of service.

Coinsurance, deductibles, and non-covered charges are due within **30 days** of receiving a statement.

ADDITIONAL FEES

Patients may be responsible for additional charges, including but not limited to:

- **Returned check fee: \$36**

WORKERS' COMPENSATION DISCLAIMER



You may be personally responsible for payment of medical services if:

1. You fail to pursue a workers' compensation claim; or
2. The Workers' Compensation Board determines the condition treated was not work-related; or
3. You execute and obtain approval of a Workers' Compensation Law §32 agreement waiving future medical benefits.

If any of the above occurs, Rehoboth Urgent Care (The Healing Room) may bill you directly, and you will be responsible for all charges for services rendered.

CONSENT TO CONTACT FOR BILLING PURPOSES

You expressly consent and agree that Rehoboth Urgent Care (The Healing Room), its agents, affiliates, employees, billing partners, and authorized third-party collection agencies may contact you regarding your account for billing, payment, or collection purposes.

This contact may occur via:

- Telephone calls (including mobile numbers)
- Text messages
- Emails
- Pre-recorded or artificial voice messages
- Automated dialing systems

You understand that such communications may result in charges from your service provider.

AUTHORIZATION TO STORE CREDIT CARD ON FILE

AND AUTHORIZATION FOR CREDIT CARD CHARGES

I hereby authorize Rehoboth Urgent Care (The Healing Room) to securely store my credit card information on file in a manner compliant with applicable security and privacy regulations.

I further authorize Rehoboth Urgent Care (The Healing Room) to charge my credit card for:

- Copayments due at the time of service
- Deductibles and coinsurance
- Outstanding balances after insurance processing
- Fees for services not covered by insurance



REHOBOTH
— URGENT CARE —
POSITIVELY IMPACTING LIVES

This authorization applies to:

- One-time charge
- Future charges related to patient financial responsibility

I understand that:

- No Protected Health Information (PHI), including diagnosis or treatment details, will be included in the credit card transaction.
- Charges will only be made for amounts I am legally responsible to pay.
- I may revoke this authorization in writing; however, I remain responsible for any outstanding balances.

By signing below, I authorize direct assignment of insurance benefits to **Rehoboth Urgent Care (The Healing Room)** and any associated healthcare entities for services rendered, as permitted under applicable third-party payer contracts. I understand that I am financially responsible for all charges not covered by insurance.

Signature: _____

Name (print) _____

Date: _____