



Consent to Treat

By signing below, I agree to the following for all care provided by Rochester Urgent Care or by my treating professionals:

- Treatment Authorization.** If I am a patient, I consent to procedures and care my treating professional recommend for me. If I am signing for a patient who is unable to consent, I consent to procedures and care the patient's professional recommend. If asked, I will document that I am authorized to consent for the patient.
- Release of Medical Information.** Rochester Urgent Care professional may use and disclose patient health information for treatment, payment and health care operations. I authorize release of this information to government agencies (such as Medicare and Medicaid), insurance carriers, health plans, and primary care providers.
- Financial Responsibility.** I will pay for all professional care provided. If the bill is not timely paid I will be liable for collection fees, legal fees, and court costs and interest.
- Third Party Payors.** I will promptly provide information about potential health, workers compensation, no fault and liability insurance. I authorize Rochester Urgent Care professionals to bill payors for all care. I assign my claim for medical benefits and payment to Rochester Urgent Care. If a claim deadline is missed because I did not provide timely information, I will pay for the care even if it would have been covered.
- No Fault Assignment.** I hereby assign Rochester Urgent Care all rights, privileges and remedies to which I am entitled under article 51 (the no-fault provision) of the insurance law. This agreement shall become null and void if at any time it is determined that benefits are not payable due to the following circumstances: Lack of coverage, violation of a policy condition, or determination that the treatments/services rendered are not related to said motor vehicle accident. Any payment pursuant to this assignment shall not exceed the health care provider's permissible charges under said article 51. Rochester Urgent Care certify that they have not received any payment from or on behalf of the injured party and shall not pursue payment directly from the injured party for services provided due to injuries sustained in relation to the automobile accident.

Signature

Date/Time

Relationship to Patient

Witness

Date/Time