Westlake Village Urgent Care, Occupational and Family Medical Clinic, Inc.

OFFICE POLICIES AND GENERAL CONSENT

Consent for Treatment

I hereby consent to and authorize administration of all diagnostic testing and treatment that may be considered advisable or necessary in the judgment of the attending physician/provider of the Westlake Village Urgent Care. I confirm that my stated medical history is accurate to my knowledge. I recognize that medicine is not an exact science and that my diagnosis and treatment may involve risks. Furthermore, I acknowledge that no guarantees have been made to me as the result of examinations or treatments.

<u>Personal Valuables:</u> I understand and agree that the facility shall not be liable for the loss of or damage to any of my personal property.

<u>Financial Agreement</u>: I, the undersigned agree, whether I sign as the parent/agent/guardian or as the patient, that in consideration of the services to be rendered to the patient, I hereby obligate myself to pay the account of the facility in accordance with the regular rates and terms of the facility. Should the account be referred to collection, I the undersigned, shall pay actual collection expense. There will be an additional charge of \$25.00 added to any "bounced"/returned check.

The Westlake Village Urgent Care will bill and or assist you in billing any third-party payer. However, please understand that the balance in full is your responsibility. If your insurance carrier has not paid in thirty days, the balance will be turned to you/the patient and payment in full will be expected. It is the patient's responsibility to understand the extents and limitations of their own insurance policies.

All copays are due at the time of service. If we are an out of network provider or you do not have a third party payer, payment in full is expected at the time of service.

Assignment of Benefits: I, the undersigned, authorize, whether I sign as an agent or as the patient, direct payment to the facility of any insurance benefits otherwise payable to me for this office visit. I request payment of authorized benefits directly to Westlake Village Urgent Care for services furnished to me at this facility. I consent to the release of medical and other information related to such services for healthcare operations and to Medicare, my insurance company, HMO, other third party payers, or their third party administrators, in order to process and pay claims, determine benefits and perform quality of care reviews.

HIPPA Notice of Privacy Practices

I have been provided with the 2 page document titled "HIPPA Notice of Privacy Practices" and agree to those terms. I understand that I may request a hard copy of this document at any time or download it from our website at www.westlakevillageurgentcare.com

Contact Mechanism

Urgent Care Staff may mail, email, TEXT or leave a detailed voice message for me regarding Test Results, Follow-up, Billing etc at the numbers and addresses below.

Patient Name- Please Print		/ Date of Birth		
Address	City		StateZIP	
Mobile Phone ()		Email:		
Signature of patient or authorized representative		// Today's Date		
Emergency Contact (Name & Phone	e#)			

Westlake Village Urgent Care, Occupational and Family Medical Clinic--UTI Fastrack Form

	Date:/
When did the symptoms start?days ago	Name:
What symptoms are you having? □ Frequent urination/ Urgent need to urinate	Date of Birth
☐ Pain/ Burning with Urination ☐ Odor or cloudy urine or blood in urine.	Preferred Pharmacy
□ Bladder/ pelvic pain. □ Sensation of bladder pressure. □ Sensation of incomplete bladder emptying, □ Incontinence/ unable to control urine □ Fever □ Back Pain □ Nausea □ Abd pain □ Vaginal discharge OR Itching Do you have a history of Kidney stones?	PLEASE GIVE US A "CLEAN CATCH" URINE SAMPLE. INSTRUCTIONS ARE POSTED IN THE RESTROOM. DO NOT FORGET TO PUT YOUR NAME ON THE SAMPLE CUP. ***********************************
Do you have normal kidney function?	T UD cont
Are you pregnant or nursing?	T, HR02%, BP
How often do you get UTI's? When was the last time?	LMP? UA: WBC: RBC: Nitrites:
What medicine did you take for your last UTI?	□ VSS and WNL
Did you pretreat this episode with any medication? (an old antibiotic, AZO, Cystex, Uricalm)	 ☐ ILL or ☐ well appearing ☐ COR: RRR NO m ☐ L: CTA B, No R/R/ W ☐ ABD: Soft, NT/ ND ☐ No CVAT ☐ Tender over bladder
What are your current medications?	
Urgent Care staff may leave a detailed message □ Text OR □ Voice Message for me regarding Labs/ Tests/ Reports etc. at: ()	PLAN ☐ Urine Culture ☐ Microscopic UA ☐ 1 gm Rocephin IM ☐ ABX: ☐ See Aftercare instructions.
Patient or Representative	