Park Primary & Urgent Care Medical Service Coverage and Payment Agreement

I__________________________hereby authorize Park Primary & Urgent Care to perform medical and laboratory services.

I also agree that all my insurance benefits are hereby assigned to Park Primary & Urgent Care. Any portion of the bill unpaid is my responsibility.

I understand,

- All co-pays, deductibles, outstanding balances and out of network payments are to be paid at the time of check-in.
- Any fees or costs not paid at the time of service within 14 days of receipt of bill.
- Any bill unpaid after 30 days will be subject to bear interest at the highest rate authorized by law in the state of North Carolina.
- All returned checks will be charged a fee of $25.00.
- Any services not covered by the insurance company are my responsibility.
- Prescriptions and Refills take 24 hours to process.
- Doctors may return calls up to 24 hours.

I have carefully read the above statements and am in complete understanding of them.

Patients Signature (Parent if minor). ________________________ ______________ Date