

# America's Express Urgent Care, LLC

7124 Commons Drive, Suite C Cheyenne, WY 82009

Phone (307) 426-4060 Fax (307) 426-4061

## Patient Information Form

Patient's Legal Name:			Date:
Address:		Home Phone:	
City:	State:	Zip:	Cell Phone:
DOB:	SS#	Work Phone:	
Sex: M / F	DL#	Email:	
Race:	Ethnicity:	Language:	

\*All patients under 18 must have a parent/guardian present and their consent for treatment.

Guarantor's Name:	Relationship to Patient:
Mailing Address:	Home Phone:
City:	State: Zip: Cell Phone:

Primary Care Physician:	Phone #
Pharmacy:	Phone #
Emergency contact:	Relation: Phone #

Is this a work related accident? Y / N	If Yes, Case #	State:
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Primary Insurance:	Phone #	
Address:	Policy #	
City:	State: Zip: Group #	
Policy holder's name:	Relation:	Copay \$
Policy holder's SS#:	DOB:	

Secondary Insurance:	Phone #	
Address:	Policy #	
City:	State: Zip: Group #	
Policy holder's name:	Relation:	Copay \$
Policy holder's SS#:	DOB:	

### Acknowledgement/ Consent to Treat / Promise to Pay / Assignment of Benefits

I acknowledge that the above information is true and correct to the best of my knowledge. I authorize treatment for above named patient by the Physician's and staff of America's Express Urgent Care, LLC. I understand and agree that I am responsible for payment for all services, not covered by my insurance, that are provided to me by the physicians of America's Express Urgent Care, LLC and it's staff that may be utilized during treatment. If I fail to pay for the services when they are rendered, I will be responsible for all the costs of collections, including but not limited to, court costs and fees, attorney fees, and collection agency fees of the unpaid balances assigned to collections. I hereby assign all of my rights to insurance benefits and instruct my insurance company to make payment directly to America's Express Urgent Care, LLC for benefits provided.

\_\_\_\_\_  
Patient/Guarantor's Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

***Please present your identification card and all insurance cards. Copay is expected prior to service.***