

Visit ID _____
Pharmacy _____

Copay \$ _____



Thank you for choosing KidsStreet Urgent Care!

Patient Last Name: _____ First Name: _____ MI: _____
Date of Birth: ____/____/____ Social Security Number: _____ - _____ - _____ Gender: M / F
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____ Cell Phone _____
Pediatrician: _____ Reason for Visit: _____

Emergency Contact:
Name: _____ Phone Number: _____ - _____ - _____ Relationship _____

Primary Insurance Policy Holder Information (person whose name is on the insurance card):
Name: _____ Relationship to Patient: _____
Date of Birth: ____/____/____ Gender: M / F Social Security Number: _____ - _____ - _____
Responsible Party Address, Phone, and Email if DIFFERENT from above
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____

I authorize Rural Urgent Care LLC/MainStreet Family Urgent Care to release my Private Health Information to the individuals below (please list):

Name: _____	Relationship _____	Exp. Date _____
Name: _____	Relationship _____	Exp. Date _____

How Did You Hear About Us (Circle One)?
Drive By/Saw Sign Event Facebook Friend/Family Internet Search Mail Radio Other _____

Privacy, Billing, and Other Important Information

I authorize Rural Urgent Care LLC/MainStreet Family Urgent Care to contact me: (1) at the number(s) listed above and leave a voicemail if I am unavailable; (2) send text messages to phone number(s) listed above; (3) send email messages to email(s) listed above. I have read and reviewed Rural Urgent Care LLC/MainStreet Family Urgent Care's Billing Policies and Privacy Policy. We will file a claim with your insurance company for the services provided, in the event of non-payment you will be responsible the charges incurred today. I authorize release of any information concerning my (or this patient's) health care and treatment for the purpose of evaluating and administering claims of insurance benefit. I authorize Rural Urgent Care LLC/MainStreet Family Urgent Care to charge my credit card for charges allowed, but not paid for, by my insurance company (patient responsibility). I hereby authorize payment of insurance benefits, otherwise payable directly to me, to the Provider who has assigned those to Rural Urgent Care LLC/MainStreet Family Urgent Care. I consent to care and treatment of myself (or this patient) by the attending provider and his/her associates and assistants. In the case that the patient is not myself, I attest that I am the parent or legal guardian of this patient.

X _____ Date: _____
(Signature of patient or parent/guardian of minor)