



CityDoc
uptown
urgent care

2909B McKinney Ave
Dallas, TX 75204
214-871-7000 fax 214/871-7020

1. I acknowledge that I have received and read the **Notice of Privacy Practices for CityDoc Uptown Urgent Care Center**.
2. I, _____ agree to assign all payments and benefits of my claim to **CityDoc Uptown Urgent Care Center**. I understand that ultimately, I am financially responsible for my health care regardless of how my insurance carrier pays. I also understand that any partial payment or co-payments made by myself, covers only a portion of my bill, and that I may receive an additional bill if my insurance fails to cover my visit.

3. MEDICAL CONSENT

I voluntarily consent for medical treatment at CityDoc Urgent Care Center.

Signature

Printed Name

Date