

18522 US Hwy 18, Suite 102, Apple Valley, C 92307

## CONSENT TO MEDICAL SERVICE/ MEDICAL SERVICES AGREEMENT TERMS AND CONDITIONS

s which may be performed, including emergency e not limited to laboratory procedures, x-ray ces rendered to the patient under the general and participate in the patient and employee protection
t of the patient's record to any person, company or act to the urgent care or to the patient or to a family the urgent care charge, including but not limited to impanies, workman's compensation, or welfare funds. ary care physician or to another facility in the event of
ent and is not an obligation. The undersigned nt, direct payment of any insurance benefits otherwise outpatient services, including emergency services if re, pursuant to this authorization, by an insurance any and all obligations under a policy to the extent of that he/she is financially responsible for charges not anyments, co-insurances or deductible amounts.
by a Physician, Physician Assistant and/or Nurse to to another facility or Physician for further treatment responsible for any applicable co-payments, co-
n/telemedicine in the provision of care and the I certify that I am the legal representative of the years of age or older, or otherwise legally
Patient's Agent or Representative
Relationship to Patient
Relationship to Patient or services rendered to the patient and to accept the

Financially Responsible Party

(sign here)

Interpreter

Time

Date