



EXPRESS CARE of Habersham, LLC

We welcome you and are excited about the opportunity to participate in your care!

Name: _____ **Date of Birth:** _____

If person to be seen is under 18, please provide name of parent or guardian _____

Address: _____

City: _____ **State:** _____

Zip: _____

Phone Number (Best to reach you): _____

I have reviewed Privacy Policy (located on clipboard) of Express Care of Habersham, LLC

Initials: _____

Date: _____

IF YOU HAVE PRIVATE INSURANCE, MEDICARE OR MEDICAID, PLEASE READ AND INITIAL BELOW AFFIRMING YOU UNDERSTAND:

EXPRESS CARE OF HABERSHAM, LLC MAKES NO GUARANTEES REGARDING REIMBURSEMENT BY INSURANCE COMPANIES AND DOES NOT FILE INSURANCE CLAIMS OR SIGN INSURANCE CONTRACTS. MEDICARE AND MEDICAID PATIENTS ARE NOT ALLOWED TO FILE CLAIMS.

Initials: _____

Date: _____

IF PERSON TO BE SEEN IS UNDER 18, PLEASE READ AND INITIAL BELOW:

As parent or legal guardian, of the above minor, I authorize and consent to routine and emergency treatment when deemed necessary by qualified personnel. This authorization will be in effect until revoked, in writing, by parent or legal guardian

Initials _____

Date: _____

