URGENT CARE CENTER OF NEW YORK CITY

Ronald A. Primas, M.D., F.A.C.P., F.A.C.P.M.
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Time AM PM	**Date** Month/Day/Year

NAME **Last**/Surname/Family	**First**/Given	Middle Initial	**Date of Birth** Month/Day/Year	Email	☐ Male ☐ Female

PERMANENT ADDRESS Street	City	State	Zip/Postal Code	Country	**Telephone** #(including country code)

HOTEL NAME / LOCAL ADDRESS Room # Phone

Referred by _____

AUTHORIZATION: I consent to be treated or have my child/ward treated by the attending provider and I accept financial responsibility for this treatment. I acknowledge that Urgent Care Center of New York City is not the principal/employer or the agent/employee of the hotel/residence or the attending provider. I agree to hold harmless the hotel/residence, Ronald A. Primas, M.D. and/or Urgent Care Center of New York City from any liability resulting from the actions of the provider. I acknowledge that this referral service is not sanctioned by Medicare or managed care organizations.

AUTHORIZATION FOR TREATMENT: I authorize you to give me or my child/ward reasonable and proper medical care by today's standards.

CONSENT: I hereby request and authorize Dr. _____ to perform on me or my child/ward the following procedure(s): _____.

Dr. _____ has fully explained to me the attendant risks, benefits and alternatives associated with the procedure(s) as well as with any administered anesthesia. I have been given an opportunity to ask questions, and all have been answered to my satisfaction. I further consent to the administration of such anesthetics as may be considered necessary. I acknowledge that no guarantees or assurances have been made to me concerning the results intended from Ronald A. Primas, M.D. for the treatment and procedure(s).

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize Ronald A. Primas, M.D. and/or Urgent Care Center of New York City, to release any medical or incidental information, including HIV related information, that may be necessary for either medical care or in processing application for financial benefit or reimbursement.

ACKNOWLEDGEMENT: I confirm that I have read and fully understand the above and that all blank spaces have been completed prior to signing. I acknowledge that Ronald A. Primas, M.D. and/or Urgent Care Center of New York City is in compliance with HIPAA regulations and I have been given an opportunity to review and sign the appropriate forms.

Signature X_____ ☐ Patient ☐ Spouse ☐ Parent ☐ Guardian ATTENDING PHYSICIAN _____

PLEASE DO NOT WRITE BELOW THIS LINE

History of Present Illness:

PMH:

PSH:

Hospitalization:

Allergies:

Medications:

Social:

LMP:

PE:

Assessment:

Plan:

☐ Follow up with your family doctor. ☐ Call 1-212-737-1212 if no improvement or worsening condition within _____ hours.

☐ ER ☐ Other PROVIDER SIGNATURE_____ _____

ICD (Description)_____ **ICD** (Diagnosis Code)_____

File Ins. ☐
Enter M ☐
Enter Q ☐
Prior ☐
Concierge Patient ☐

ITEMIZED FEES

CONSULTATION	CPT CODE	FEE
☐ Urgent in-Hotel Room Call Level 4	99344	
☐ Urgent in-Hotel Room Call Level 5	99345	
☐ Additional Service	99354	
☐ After Hours	99050	
☐ 8 PM - 8 AM	99053	
☐ Saturday / Sunday / Holiday	99060	
☐ Urgent Care Visit Level 4	99204	
☐ New Urgent Care Visit Level 5	99205	
☐ Est. Urgent Care Subsequent Visit	99215	
☐ _____		
INJECTIONS/IMMUNIZATIONS		
☐ Therapeutic IM	90782	
☐ Intravenous	90784	
☐ Allergy Shot	95120	
☐ Tetanus/Diphtheria	90718	
☐ _____		
☐ _____		
DISPENSING		
☐ Rx _____		
☐ Rx _____		
☐ Rx _____		
PROCEDURES		
☐ Venipuncture	36415	
☐ ECG	93000	
☐ Urinalysis	81002	
☐ Pregnancy Test	81025	
☐ Strep Screen	86318	
☐ Fecal Occult Blood	82270	
☐ Suture Laceration	12001	
☐ Foreign Body Removal	69200	
☐ Incision/Drainage	10060	
☐ Supplies & Materials	99070	
☐ Strapping Ankle/Wrist/Knee	29540	
☐ Suture Removal	19050	
☐ Fluorescein Stain	66999	
☐ _____		

TOTAL FEE $

☐ Cash ☐ Traveler's Cheque ☐ Visa ☐ Master Card ☐ American Express ☐ P.C. ☐ Discover

Bank Name _____

Card # _____

Expiration Date _____

$
TOTAL FEE PAID

Cardholder Signature X_____

Cardholder acknowledges receipt of services for the amount of the total shown and agrees to perform the legal obligations set forth in the cardholder's agreement.