

**MED FAST, PC  
URGENT CARE CLINIC**

**605 West Cumberland St  
Dunn, NC 28334  
Phone (910)891-1391  
Fax (910)891-1687**

**602 S Wall St  
Benson, NC 27504  
Phone: (919)894-3321  
Fax: (919)894-8742**

**WAIVER OF LIABILITY OF INSURANCE**

I understand that the care I receive may not be covered under my insurance plan. In signing this Document, I accept full responsibility to pay Med Fast Urgent Care and its affiliates the charges for today's visit. I understand that Med Fast Urgent Care will not bill private individuals for care rendered. If I cannot present documentation of current insurance coverage, all payment must be made at the time services are rendered.

If insured, I agree that if the charges for today are not considered reimbursable by my insurer, and therefore the insurer denies payment, I will submit payment upon notification.

**ELECTRONIC CHECK POLICY**

**This Merchant is using the information on your check to initiate an electronic funds transfer or "electronic check". Your account will be debited for the amount of the Purchase much like a paper check.**

**WHAT DOES THIS MEAN TO YOU?**

- YOUR CHECK WILL BE GIVEN BACK TO YOU AT THE END OF THE TRANSACTION.
- YOUR ACCOUNT WILL BE DEBITED ELECTRONICALLY, TYPICALLY ONE TO TWO DAYS AFTER THE TRANSACTION.
- THE DEBIT ON YOUR ACCOUNT WILL BE DESCRIBED INCLUDING THE DATE, AMOUNT, AND THE NAME OF BUSINESS YOU WROTE IT TO.
- YOUR BANK FEES WILL NOT INCREASE, POSSIBLY DECREASE SINCE MOST BANKS CHARGE LESS FOR ELECTRONIC DEBITS THAN FOR PAPER DEBITS.

**CONSENT**

I give Med Fast Urgent Care permission to release my medical records to my insurance carrier and to any other medical facility involved in the treatment of my care.

**HIPAA**

I have received and read a copy of the HIPAA Privacy Notice from Med Fast, PC.

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**Patient Signature**

**Date**

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**Witness Signature**

**Date**