



# Ascent Urgent Care & Walk-In Clinic

## COVID -19 Registration Form

Today's Date: \_\_\_\_\_ Patient Gender  Male  Female

### Patient Information:

Patient Name \_\_\_\_\_  
Last Name First Name Middle Initial

SS# (Age 18 and up) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_  
Number & Street City State Zip Code

Cell Phone \_\_\_\_\_ Marital Status: \_\_\_\_\_

Email: \_\_\_\_\_ Emergency Contact Relation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

### Insurance Information – MUST BE FILLED OUT!

Primary Insurance \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Subscribers Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Dear Patient,

The staff of Ascent Urgent Care & Walk-In Clinic provides professional health services. Due to many changes in insurance policy, it is no longer an easy task to interpret each individual policy. Although we try to stay aware of these changes, it is not always possible. It is your responsibility to know your individual coverage. A charge of \$35.00 will be applied to any account that is sent to collections. A \$25.00 fee will be incurred for any returned checks. Please remember your insurance policy is between you and your company and not with the Physician. For Work-related injuries, if your employer or the Workman's insurance does not pay, you the patient will be responsible for any charges incurred. By signing below, you hereby authorize your insurance benefits to be paid directly to Ascent Urgent Care & the on-staff physicians, realizing that you are responsible to pay non-covered services, and you hereby authorize the release of pertinent medical information to the insurance carriers. Receipt of HIPAA (Health Insurance Portability and Accountability Act) Privacy Notice Ascent Urgent Care is committed to maintaining the integrity of your protected health information and complies with all applicable state and federal regulations. In support of our policy of complying with all applicable regulations, Ascent Urgent Care provides patients with the HIPAA Notice of Privacy Rights. I acknowledge receipt of the Notice of Privacy Rights with detailed information about how Ascent Urgent Care may use and disclose my protected health information with my permission. I understand that Ascent Urgent Care reserves the right to change the privacy notice and that a copy of the revised notice will be made available to me. While not required in order to receive treatment at Ascent Urgent Care, we are obliged under federal regulations to ask that you sign an acknowledgement of the HIPAA Privacy Notice being made available to you. (Refusal to sign does NOT prevent the patient from being treated).

Signature of Patient or Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Covid Test Result Process:

Your sample is being sent to Mlabs. The processing time can take upto 72 hours, depending on their workload, as cases are rising in Michigan. To obtain results, you must send an email and include your NAME and DOB with a request for lab results to: [aucslinefax@gmail.com](mailto:aucslinefax@gmail.com).

Please DO NOT call the office as we do not have adequate resources to answer the multitude of calls.