



I give my signed consent to Physicians Now Urgent Care Center to provide clinical services needed by me, including any procedures and treatments deemed necessary for my best health and wellness. I understand that Physicians Now Urgent Care Center will explain treatments and procedures to me. I further understand that this consent shall remain in effect until it is retracted in writing to Physicians Now Urgent Care Center.

I expressly consent and agree that, in order to discuss or service my account(s) (the "Accounts") or to collect amount I may owe, Physicians Now Urgent Care Center, and its officers, agents, affiliates, employees, and any affiliated service providers and any third-party debt collection agency associated therewith (collectively, "We") may contact me by telephone number associated with the Accounts, including wireless telephone numbers, which could result in charges to me. I expressly consent and agree that We may also contact you by sending text messages, emails, using any e-mail address you provide to us, or by pre-recorded or artificial voice or voice messages, automatic dialing methods, systems, or devices, and pre-recorded or artificial voice prompts at any telephone number associated with the Accounts, including wireless or mobile telephone numbers, regardless of whether you incur charges as a result.

I hereby authorize payment directly to Physicians Now Urgent Care Center from all medical benefits available to me including major medical, Medicare, private insurance, workers compensation, and personal injury coverage. I understand that if my insurance coverage does not cover the services rendered, the services will be billed to me directly.

A photocopy of this agreement is to be considered as valid as an original authorization.

I hereby authorize Physicians Now Urgent Care Center to release all information necessary to secure payments.

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_