



Urgent Medical Care

412 South Broadway

Hicksville, NY 11801

Phone: (516) 938-1550 / Fax: (516) 938-1554 / Email: www.statcaremedical.com

INSURANCE COVERAGE WAIVER

Verification of Eligibility

I understand that my eligibility for coverage by _____ (name of insurance company) cannot be confirmed at this time. I wish to receive medical service from Stat Care. If it is determined that I am not eligible for coverage I, understand that I will be responsible for payment of all services provided.

Signature of Patient/Legal Guardian: _____

Date: _____

Verification of Coverage

I understand that I do not have my insurance card at this time and will provide the office with a credit card to hold/ Check / Debit card to hold for 24 hours. If I do not call back or fax a copy of my card to the office, they have every right to charge my card.

I understand that my eligibility for coverage by _____ (name of insurance company) cannot be confirmed at this time. I wish to receive medical service from Stat care. If it is determined that I am not eligible for coverage, I understand that I will be responsible for payment of all services provided.

Signature of Patient/Legal Guardian: _____

Date: _____