VITALITY URGENT CARE

Patient Intake Form

Please print clearly — our team will enter your information at check-in

Patient Information

Last Name | First Name | Middle

Date of Birth | Sex | Preferred Language

Street Address

City | State | ZIP

Mobile Phone | Email

Emergency Contact

Name | Relationship | Phone

Insurance (if using insurance today)

Insurance Company | Member ID | Group #

Policyholder Name (if not patient) | Policyholder DOB | Relationship to Patient

Secondary insurance? YES / NO (if yes, please give your card to the front desk)

Visit Information

Reason for today's visit

Allergies (medications, latex, other) — write NONE if none

Current medications

Preferred Pharmacy (name & location) | Primary Care Provider (optional)

Is today's visit for a work-related injury or an employer-required service (DOT exam, drug screen, work physical)? YES / NO

If yes — Employer name | Employer phone (if known)

VITALITY URGENT CARE

Consent for Treatment & Payment

Paper form for patients registering without online check-in

Consent

I voluntarily consent to medical care at Vitality Urgent Care and to treatment by the provider on duty — physician, nurse practitioner, or physician assistant — and whomever they may designate as their assistant, associate, collaborating physician, supervised student or trainee, and patient care staff to provide my care. Such care may include, but is not limited to, diagnostic testing, imaging, and the administration of medications considered advisable in my diagnosis, treatment, and course of care. I acknowledge that no guarantees can be made as to the results of treatments or examinations and I understand that all medical treatments contain inherent risks.

If X-ray imaging is medically indicated, I consent to diagnostic X-ray at Vitality Urgent Care. I understand that X-ray involves a small dose of ionizing radiation. If I am pregnant or think I may be pregnant, I will tell my provider before any imaging is performed.

I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as to the results of my examination or treatment at Vitality Urgent Care. I acknowledge that treatment at Vitality Urgent Care is intended to address specific episodic illnesses or injuries and is not intended to substitute for comprehensive care by a primary care physician or other specialized physicians. To provide the best chance for successful treatment, I accept responsibility to follow the advice of my treating provider, including compliance with medications, discharge instructions, and reevaluation with follow-up or referral to specialty care. I agree to seek care in an Emergency Department of a hospital if my condition substantially changes.

I understand that I may ask questions at any time and that I may refuse or withdraw my consent to any part of my care at any time.

Consent for a Minor or a Patient Who Cannot Consent

If the patient is under 18 years of age, I confirm that I am the patient's parent (including a parent who is themselves a minor), legal guardian, or an adult authorized in writing by the parent or guardian to consent to the patient's care, and that I have the authority to consent on the patient's behalf.

If a minor arrives without a parent or guardian, Vitality Urgent Care will attempt to obtain and document the consent of a parent or guardian by telephone before providing non-emergency care.

I understand that Illinois law permits certain minors to consent to their own health care, including: a married or pregnant minor; a minor parent, for the care of their own child; a minor 12 years of age or older, for the diagnosis and treatment of a sexually transmitted infection or drug or alcohol use; and a minor victim of sexual assault, for related care and counseling (410 ILCS 210). Where a minor lawfully consents to their own care, Vitality Urgent Care will follow Illinois law regarding the confidentiality of those records.

For an adult patient who lacks the capacity to consent, consent may be provided by the patient's legally authorized representative consistent with the Illinois Health Care Surrogate Act (755 ILCS 40). In a medical emergency, treatment may be provided without prior consent as permitted by law.

Assignment of Insurance Benefits

I hereby authorize payment directly to Vitality Urgent Care 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. I acknowledge that my financial responsibilities are described in the Vitality Urgent Care Patient Financial Responsibility Form, which I will also review and sign.

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

SMS Text Messages (Optional)

By providing my mobile phone number and signing this form, I agree to receive SMS text messages from Vitality Urgent Care about my care and account — appointment reminders, visit follow-up, laboratory and prescription notices, and billing notices. Message frequency varies; message and data rates may apply. SMS is voluntary and is not a condition of receiving care: I may decline text messages at registration by telling our staff, and I may opt out at any time by replying STOP to any message. For help, reply HELP or contact info@vitalityurgentcare.com or 224.601.5001. I understand standard SMS is not a fully secure channel. Privacy Policy, Terms, and SMS Program details: vitalityurgentcare.com

Acknowledgment and Signature

By signing below, I acknowledge that I have received a copy of the Vitality Urgent Care Notice of Privacy Practices, and I confirm that I have read, understand, and agree to this Consent for Treatment & Payment, including the SMS terms above.

Patient Name (print) _____ Date of Birth _____

Signature _____ Date _____

If signing for the patient — Name: _____ Relationship: _____ (I attest I am the patient's parent, legal guardian, or authorized representative.)

VITALITY URGENT CARE

Patient Financial Responsibility Form

Includes Credit Card on File authorization

Insurance Policy

Claims: We will file your insurance claims directly with your insurer, provided you submit accurate and complete insurance details at check-in for eligibility verification. **Non-Covered Services:** Services or supplies your insurance does not cover are your responsibility, at the time of service or upon claim settlement. **Delayed Insurance Payments:** If your insurer does not pay within its specified timeframe, the outstanding balance becomes your responsibility. **Deductibles, Co-Pays and Coinsurance:** Estimated amounts are collected upfront based on your verified benefits. **Non-Network Insurance:** If we are not in network with your plan, visits are billed at our posted self-pay rates; a 20% discount applies if paid in full at the time of service. **Advance Beneficiary Notice:** Medicare patients receive an Advance Beneficiary Notice of Noncoverage before any service Medicare may not cover; a signature is required.

Self-Pay and Workers' Compensation

Self-Pay: Patients without insurance settle the full balance at discharge; pricing is posted at vitalityurgentcare.com/price. Self-pay discounts do not apply to motor vehicle accident or workers' compensation cases. **Workers' Compensation:** We bill your employer or their compensation carrier directly, at state-mandated rates. I understand that medical information related to my work injury or illness will be provided to my employer and their workers' compensation carrier as required by workers' compensation law. If workers' compensation denies the claim, we bill your private insurance; if also denied, responsibility falls to you. Please provide accurate employer and carrier information.

Payment Policy

Accepted Methods: Credit cards, debit cards, HSA/FSA/HRA cards, cash, and personal checks. **Returned Checks:** If a check is returned unpaid, I agree to reimburse Vitality Urgent Care's costs and expenses of collection as permitted by Illinois law (810 ILCS 5/3-806), and certified funds or another payment method may be required going forward. **Declined Card on File:** If the card on file is declined, we will contact you for another payment method. **Outstanding Balances:** Prior balances may need to be addressed before service; payment arrangements are available. **Non-Payment:** Balances unpaid within 30 days of billing may result in a restriction on further non-urgent services. **Financial Hardship:** If you are unable to pay at the time of service, speak with our front desk — we will explore self-pay rates, payment plans, or community resources. Your financial status will never delay or limit your care in an urgent or emergent situation. **Collections:** In the event of non-payment, you agree to bear reasonable collection costs and reasonable attorney fees incurred in collecting outstanding balances, to the extent permitted by law.

Credit Card on File

Who must keep a card: All patients with commercial insurance or Medicare. Not required for self-pay patients paying in full at the visit, patients presenting with a medical emergency, or patients with verified active Medicaid coverage. **Security:** Your card is stored on an encrypted, PCI-compliant system; full card numbers are never stored in the clinic system. **Insurance Processing and Billing:** Your visit is submitted to your insurance first. I am responsible for all amounts my insurance does not cover or determines to be my responsibility — such as my deductible, co-insurance, or co-pay — as shown on my Explanation of Benefits (EOB). The first charge is typically processed approximately 7 to 10 business days after the EOB. **Monthly Charge Limit:** My card is charged no more than once per calendar month, and no single charge will exceed $250. If my balance is larger, the remainder is charged in the following month or months — one charge per month — until paid. I will receive an email before each charge showing the amount and my remaining balance. No interest or fees are added, and I may pay in full or arrange a different schedule at any time. **Removing Your Card:** Request removal anytime through our billing office; removal may require prepayment in full at future visits. A plain-language guide with examples is available at the front desk and on our website.

Credit Card on File — Authorization. I authorize Vitality Urgent Care to securely store my credit card and to charge it — no more than once per calendar month, and never more than the monthly limit stated above — for amounts my insurance determines to be my responsibility as shown on my Explanation of Benefits. I understand I will not be charged if no balance is owed, that an email notification precedes each charge, and that I may pay in full at any time, arrange a different schedule, or contact the billing department to dispute any charge.

Financial Responsibility Authorization. By my signature below, I acknowledge that I have read and agree to this Patient Financial Responsibility Form, and I understand that I am financially responsible for any charges not covered by my insurance.

Patient/Representative Name (print) Signature Date

VITALITY URGENT CARE

Credit Card on File — A Simple Guide

For your reference — you sign the policy on the Financial Responsibility page

How it works

At your visit	We securely save your card when you check in. Nothing is charged at this point.
Insurance first	Your insurance is always billed first. You pay only what your insurance does not cover or decides is your share — your deductible, co-pay, or co-insurance — exactly as shown on the Explanation of Benefits (EOB) your insurer sends you.
Email before every charge	You always get an email first, showing the amount and your remaining balance. No surprise charges, ever.
When	The first charge happens about 7–10 business days after your insurance sends the EOB. If you owe nothing, nothing is charged.
The monthly limit	Your card is charged at most once a month, and never more than $250 at a time. A bigger balance is simply spread out: $600 becomes $250, then $250, then $100 over three months. No interest, no fees — and you can pay it all off or set a different plan anytime.
Security	Your card is stored on an encrypted, PCI-compliant platform. Your full card number is never stored on our systems.
Removing your card	Ask our billing office at any time. Removal may require prepayment in full at future visits.

Common questions

Do all patients need a card?	Most insured patients do. Not required if you are self-pay and pay in full at your visit, if you are presenting with a medical emergency, or if you have verified active Medicaid coverage.
What if my balance is over $250?	It rolls forward automatically — up to $250 this month, the rest in following months, one charge per month until paid. Email before each charge; no interest or fees.
What if I can't provide a card or can't pay?	Speak with our front desk — self-pay rates, payment plans, or community resources. Your financial status will never delay or limit your care in an urgent or emergent situation.
What cards do you accept?	HSA, HRA, and FSA cards, debit cards, and major credit cards.
What if I dispute a charge?	Contact our billing department right away. We will review, correct any errors, and refund if warranted.

Questions anytime: info@vitalityurgentcare.com · Buffalo Grove 224.601.5001 · Lake Zurich 847.350.1291