

**EXPRESS CARE**  
*Of Ocala*  
**The ER Alternative**

1834 SW 1st Avenue  
Suite 201  
Ocala, Florida 34471  
(352) 732-9888  
(352) 732-0490 fax

**By signing below, I acknowledge the additional fees that may be incurred as described below are my responsibility:**

- **PROCEDURES** - Any procedures performed in addition to an office visit. IE: labs, injections, x-rays, ultra sounds, and cat scans, will be patient responsibility.
- **LAB FEES** – If your specimen is sent to an outside laboratory for testing not done by Express Care of Ocala, there will be additional cost to you from the specific lab. Please expect to receive a statement from the lab. It is your responsibility to notify the front desk of the lab designated by your insurance company.
- **Radiology Professional Interpretation** – If you receive a Cat Scan at Express Care of Ocala, there will be an additional cost to you for the reading Please expect to receive a statement from the Radiology Group.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing below, I acknowledge understanding of the billing process for services rendered:**

Due to continuing changes within the Health Care Insurance industry, contracts acquired by Express Care of Ocala are either billed as Urgent Care place of service of Primary Care. Billing for services will affect payment as well as patient responsibility. If you need to know if your insurance is billed as Urgent Care or Primary Care please inquire at the front desk.

**ALL COST ANALYSIS FOR ANY ADDITIONAL SERVICE IS ONLY AN ESTIMATE. THIS MAY BE SUBJECT TO CHANGE WHEN THE CLAIM IS PROCESSED BY YOUR INSURANCE COMPANY.**

Sign: \_\_\_\_\_ Date: \_\_\_\_\_