

CAREMED INSURANCE PLAN CONTRACT

Covered Services:

- 1) Outpatient Visits to Caremed Urgent and Primary care
- 2) X-ray services pending provider deem of necessity
- 3) Lab services pending provider deem of necessity (Labs provided will pre-determined by contractual obligations of Caremed with LabCorp, Inc.)
***Complex labs may not be covered under this plan
- 4) All services are covered pending maintaining active status of insurance plan for the date of service provided

Services Not Covered

- 1) Inpatient Costs
- 2) Emergency Room visits
- 3) Other outpatient clinics outside of Caremed Urgent Care
- 4) Complex Labs
- 5) MRI, CT or any imaging done outside of the urgent care
- 6) Medications

I have entered into contract as a private insurance plan to cover services mentioned above with Caremed Urgent and Primary Care. I understand the services not covered by this insurance/concierge plan. I understand that this contract is only valid for the period I maintain my active status with Caremed Urgent Care with the fee schedule set forth by Urgent Care. I will not hold Caremed Urgent Care staff or providers liable for any services rendered at the Urgent Care.

Name: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Phone (Alternative): _____

Emergency Contact Name: _____

Emergency Contract Phone: _____

By signing below, I am agreeing to the principles set in this document.

Signature: _____