

**TCHEFUNCTA URGENT CARE**  
**614 W. 11<sup>TH</sup> AVE., COVINGTON, LA 70433 PHONE (985) 809-8868 FAX (985) 809-8838**

Our physicians are contracted with many of the local and national insurance plans. However, there are some plans that we do not currently contract with as participating providers. If you belong to such a plan, our billing office will be glad to file a claim for you with the understanding that full payment is due at the time of service. Your claim will probably be applied to an out-of-network deductible or denied. It is important for you to understand that the patient is ultimately responsible for the fees that are not covered by the plan in this case. If you have any questions concerning the benefits/coverage your plan provides, please call the member relations department of your plan.

**INSURANCE PATIENTS**

It is your responsibility to keep us updated with your correct insurance information. It is your responsibility to understand your benefit plan with regard to, covered services and participating providers, including laboratories. For example, not all plans cover annual physicals, sports physicals, or hearing and vision screening. If these services are not covered, you will be responsible for payment. It is your responsibility to know if a written referral or authorization is required to see a specialist, whether preauthorization is required prior to a procedure, and what services are covered.

**NON COVERED SERVICES**

Your insurance company will only pay for services that it determines to be a covered benefit. If your insurance company determines that a particular service is not a covered benefit, your insurance company will deny payment for that service. The responsible party will be responsible for any durable medical equipment (splints, crutches, ace wraps, and etc.) and medications not covered by the insurance plan or any services applied towards the deductible. If my insurance company denies payment, I agree to be personally and fully responsible for payment to **TUC**.

**INSURANCE PAYMENTS**

If applicable, due to your insurance plan, we will collect a deposit today. We anticipate a discount for our contractual allowance, so this payment today reflects only a portion of your total charges. Our billing office will file a medical claim for your visit today. If you have a balance due after your claim is processed, you will receive a bill from our office. However, if you are due a refund because of a possible overpayment, you may request to receive a refund. If you have any questions regarding your bill, please contact our billing office:

**Docutap**  
101 S. Phillips Ave, Ste. 300  
Sioux Falls, SD 57104  
985-888-0676

**ASSIGNMENT OF BENEFITS**

I hereby assign to **TUC** any insurance or other third-party benefits available for health care services provided to me. I understand that **TUC** has the right to refuse or accept assignment of such benefits. If these benefits are not assigned to **TUC**, I agree to forward to **TUC** all health insurance and other third-party payments that I receive for services rendered to me immediately upon receipt.

**TRICARE REFERRAL REQUIREMENT**

Urgent Care Services are covered when required for illness or injury that would not result in further disability or death if not immediately treated, but does require professional attention and has the potential to develop into such a threat if treatment is delayed longer than 24 hours. Urgent Care Services for TRICARE Prime, TRICARE Prime Remote (TPR), and TRICARE Prime Remote for Active Duty Family Members (TPRADFM) beneficiaries should be provided by their assigned primary care manager (PCM), unless the beneficiary has obtained a referral prior to the Urgent Care visit.

**MEDICAID**

Our facility is not participating with Medicaid, even in the case that it is a secondary insurance. You/I will be responsible for the remaining balance after the primary insurance has paid.

**I have read and understand the Tchefuncta Urgent Care insurance information/billing policies.**

**Patient Signature** \_\_\_\_\_

Patient/Guardian unable or refused to sign due to \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_