



## Insurance Waiver

I, \_\_\_\_\_ am being taken immediately into an exam room to be seen by a provider at OneCare Health -Advanced Practice Health & Wellness' Urgent Care. While seeing the provider, my insurance will be verified. If my insurance is active, then OneCare Health -Advanced Practice Health & Wellness will submit the bill to my insurance and accept whatever insurance pays for the visit as full payment. If insurance verification shows that I have no active insurance, I agree to pay the office's flat rate before leaving the practice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date