



1834 SW 1<sup>st</sup> Ave, Suite 201  
1813 SW 1<sup>st</sup> Ave, Ocala, FL 34471  
Phone: (352) 732-9888  
Fax: (352) 732-0490

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

- Procedures: Any procedure(s) performed in addition to an office visit. I.E., lab (blood) work, injections, x-rays, ultrasounds, echocardiograms, and CT scan(s) will be patient responsibility.
- Lab Fees: If your specimen is sent to an outside laboratory for testing and is not completed at Express Care of Ocala, there will be an additional cost to you from that specific lab. Please expect to receive a bill from the lab. It is your responsibility to notify the front desk which lab is designated by your insurance company.
- Professional Radiology Interpretation: If you have a CT scan, Ultrasound, or Echocardiogram completed at Express Care of Ocala, there will be an additional cost to you for the reading and interpretation of the diagnostic test. Please expect to receive a bill from the Radiology Group.

Due to continuing changes within the Health Care Insurance Industry, contracts acquired by Express Care of Ocala are billed as either Urgent or Primary care. Billing for services can 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.

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Patient

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Date