

## Patient Services Agreement

This Patient Service Agreement governs the relationship between Alamo City Urgent Care and patients who enroll in one of our monthly membership programs.

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### Terms and Conditions:

1. I understand and agree that I am voluntarily becoming an Alamo City Urgent Care patient and that this agreement is non-transferable.
2. I have reviewed the List of Covered Services (available at [www.alamocityuc.com](http://www.alamocityuc.com)) and had the opportunity to ask questions and receive answers regarding its content.
3. I understand and agree that Alamo City Urgent Care Membership does not provide comprehensive health insurance coverage nor is it a contract of insurance. I understand that Membership provides only health care services offered at Alamo City Urgent Care and as defined by the List of Covered Services. Alamo City Urgent Care recommends that patients have healthcare insurance to cover major medical events such as hospitalization, surgery, or serious illness.
4. I understand and agree that Alamo City Urgent Care will NOT bill insurance carriers for any services provided by Alamo City Urgent Care Clinic and I assume sole financial responsibility for any and all Covered Services furnished by Alamo City Urgent Care and its physicians and allied health personnel under this Agreement.
5. I understand and agree that Alamo City Urgent Care healthcare providers have sole discretion to determine which services are medically appropriate to meet patient needs. I understand that if an Alamo City Urgent Care provider determines that I require treatment beyond what is offered at the Alamo City Urgent Care Clinic, such as treatment by a specialist or emergency room care, then such treatment will not be provided by Alamo City Urgent Care.
6. I understand and agree I am responsible for charges incurred for health care services performed outside of Alamo City Urgent Care, including but not limited to emergency room, hospitalization, specialty services (Labs), or any medical transportation.
7. I understand and agree that the initial term of this agreement is 3-months. Following this initial 3-month term, I can cancel my Alamo City Urgent Care Membership at any time by emailing your request to **ACUCMemberships@gmail.com**, at least five days before the due date of my next monthly payment. Monthly fees will continue to accrue until an email request for termination notice is received and processed.
8. I understand and agree that once my membership is cancelled that Alamo City Urgent Care will no longer coordinate my healthcare, including prescription refills, referrals, and completion of healthcare related paperwork.
9. I understand and agree to pay my monthly membership fee on or before its due date. If I am unable to pay my fee(s) on time, I understand that I will be charged a \$25 late fee and that my service agreement may be terminated. Covered Services may be withheld until outstanding monthly and late fees have been paid.
10. I understand and agree that although my access to the Alamo City Urgent Care Clinic is limited for illness or injury, Alamo City Urgent Care providers will direct my follow-up visits for treatment at such frequencies and durations as Alamo City Urgent Care deems are reasonable and appropriate under the circumstances.
11. I understand and agree that Alamo City Urgent Care may terminate this Patient Agreement at any time without cause by providing me written notice. Any pre-paid monthly membership fees will be prorated to the date of termination and refunded to me within ten (10) business days. Alamo City Urgent Care will not terminate this Patient Agreement solely based on health status.
12. I understand and agree that Alamo City Urgent Care may add or discontinue services or increase my fee schedule at any time (but not more than once per year), and I will be given at least thirty (30) days written notice before such changes are implemented.
13. I understand that upon thirty (30) days prior written notice, Alamo City Urgent Care may amend this Agreement in order to comply with any local, state, or federal law or regulation adopted or implemented by any federal, state or local government or agency, court or other third party which impacts the performance of this Agreement.



Phone: 210-941-2282  
Fax: 210-941-2281  
Alamocityuc.com

14. I understand and agree that if I am enrolled in Medicare I will receive a copy of the Medicare Opt-out Agreement to review and sign before my first patient visit. The Opt-out Agreement does not prevent me from receiving current or future Medicare benefits from non-Alamo City Urgent Care providers. I further understand and agree that neither my Alamo City Urgent Care healthcare provider(s) nor I will seek reimbursement from Medicare for the medical services I receive from Alamo City Urgent Care.
15. I understand that if Alamo City Urgent Care is unable to perform its duties under this Agreement due to strikes, lock-outs, labor disputes, governmental restrictions, fire or other casualty, emergency, electricity or server outages, or any cause beyond the reasonable control of Alamo City Urgent Care, Alamo City Urgent Care's performance will be excused for the duration of such event.
16. I understand that if any one or more of the provisions of this Agreement is for any reason held to be invalid, illegal or unenforceable by a state or federal regulatory agency or court of competent jurisdiction, the remaining provisions shall not be affected thereby, but shall remain in full force and effect.
17. I understand that Alamo City Urgent Care must maintain a record of my health information and protect privacy of my health information.
18. I understand that failure to keep this agreement in good standing with payments made on time, will result in balance being turned over to a collection agency and therefore could harm my credit score if unpaid.

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**PATIENT RESPONSIBILITIES:**

1. I understand that I have the right to receive accurate and easily understood information about Alamo City Urgent Care's healthcare services, healthcare professionals, and healthcare facilities. I understand that Alamo City Urgent Care will make its best effort to provide assistance, so I can make informed health care decisions.
2. I understand that I have the right to considerate, respectful, and nondiscriminatory care from my Alamo City Urgent Care health care provider(s). I also understand that I am responsible for communicating clearly and respectfully with my provider. If I become dissatisfied with my care or Alamo City Urgent Care services, I agree to notify Alamo City Urgent Care immediately, so my concerns may be addressed in a timely manner.
3. I understand I am responsible for my conduct and the conduct of any family members while visiting the Alamo City Urgent Care facility and agree to conduct myself in a quiet and well-mannered fashion when visiting the Alamo City Urgent Care Clinic to ensure my behavior does not disturb other patients or interfere with their treatment. I also understand the use of loud, profane, or slanderous language directed at Alamo City Urgent Care providers, staff, or other patients is not appropriate and will not be tolerated.
4. I understand that I have the right to a fair, fast and objective review of any complaint I have against my Alamo City Urgent Care healthcare provider(s) or any other staff, including complaints about wait times, operating hours, conduct of personnel, business practices, and adequacy of healthcare services and facilities. I agree to first bring any complaints to the attention of Alamo City Urgent Care staff and to participate in the Alamo City Urgent Care complaint and grievance process.
5. I understand I have the right to know all my treatment options and to participate in my healthcare decisions. Parents, guardians, family members or other individuals whom I designate may represent me if I cannot make my own decisions.
6. I understand and agree to be actively involved in my healthcare decisions and to disclose all relevant information to my Alamo City Urgent Care healthcare provider(s) so that they can help me achieve my health goals. I also agree to inform my Alamo City Urgent Care healthcare provider(s) of any healthcare services I receive outside of Alamo City Urgent Care (such as emergency room, specialist, or hospital services). Each patient and family member included in their Membership hereby agrees to the terms and conditions of this Patient Services Agreement and understands their rights and responsibilities as an Alamo City Urgent Care patient.

Member Signature: \_\_\_\_\_

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