

## Membership Program

The Urgent Care of Oconee Membership Program is a medical clinic membership designed to help those who are not insured or underinsured. **The Urgent Care of Oconee Membership Program is not insurance and is not to be construed as a health insurance plan.**

**Urgent Care of Oconee** agrees to provide \_\_\_\_\_ for 2 full-service visits for a 12-month period commencing on \_\_\_\_\_ and ending \_\_\_\_\_ for a price of \$500. 10 percent discount is given for purchase of 4 packages (containing 2 visits each) for 8 visits total for a family. Additional follow-up visits, a visit within two weeks of the original visit date with the same illness, will be billed at \$75 each which includes all of the below services as directed by the provider. Medication refill visits would be billed at the \$75 follow up rate anytime during this agreement. Visits not used by a family member can be transferred to another immediate family member in their plan. All visits include the following:

- Review of the medical history
- Medical examination
- Diagnosis
- Any services listed below that are deemed necessary by the attending medical provider at the time of each visit.

Services not listed below in the “services included” will be the responsibility of the member, for example: lab work sent out to an outside reference laboratory, a PCR lab test, vaccines, DME products. You may terminate the agreement at any time; however, the membership fee is nonrefundable or transferable to non-immediate family member. This membership may be terminated with 30 days’ notice for acts of fraud, failure to adhere to a recommended treatment plan or if you are verbally or physically abusive to the staff or patients in the clinic.

### Services Included

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"><li>• Physical Examination</li><li>• Diagnosis</li><li>• Treatment</li><li>• In house x-rays</li><li>• Rapid flu</li><li>• Rapid Covid</li><li>• Rapid Strep</li><li>• RSV</li><li>• Mono Spot</li><li>• Urinalysis</li><li>• Urine Pregnancy test</li></ul> | <ul style="list-style-type: none"><li>• Urine Drug Screen</li><li>• Complete Blood Count</li><li>• Basic Metabolic Panel</li><li>• Finger stick glucose</li><li>• EKG</li><li>• Rocephin Injection</li><li>• Phenergan Injection</li><li>• Zofran Injection</li><li>• Toradol Injection</li></ul> | <ul style="list-style-type: none"><li>• Nubain Injection</li><li>• Ketamine Injection</li><li>• Benadryl Injection</li><li>• I and D Abscess</li><li>• Simple Laceration repair</li><li>• Simple removal foreign body</li><li>• Ear wax removal</li><li>• Nubulizer treatment</li><li>• Steroid joint injection</li></ul> |
| <ul style="list-style-type: none"><li>• Ingrown toenail excision</li><li>• Splinting /Casting orthopedic injury</li></ul>  | <ul style="list-style-type: none"><li>• Tigger Point steroid injection</li><li>• Intravenous fluids (IV fluids)</li></ul>   |   |



# Membership Program Agreement

Signing my name below, I am entering into the Urgent Care of Oconee Membership program which is not an health insurance nor should it be construed as an health insurance plan.

Primary Contact Patient Printed Name: \_\_\_\_\_

If under 18, Printed Name of Guardian: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Signature of Patient or Guardian: \_\_\_\_\_

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

Amount Paid: \_\_\_\_\_ Number of Visits \_\_\_\_\_

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

Additional Names and Date of Birth of Immediate Family Members included in this agreement.

_____	_____
_____	_____
_____	_____
_____	_____

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UCO Representative Printed Name: \_\_\_\_\_

UCO Representative Signature: \_\_\_\_\_

Collected fee by credit card or check: \_\_\_\_\_ Amount: \_\_\_\_\_

Date Scanned document into file: \_\_\_\_\_

Date Plan Available: \_\_\_\_\_