

## **Covid Pandemic Statement of Financial Hardship & No Copay**

I am a self-pay / insured / under-insured (1) patient that received care from Juneau Urgent & Family Care and am unable to pay the full amount of the bill (and/or co-pays) due to the following financial hardships: ***Please select all the apply:***

- No Hardship/ Covid No copay
- Reduction on total home / personal income such as a reduction in wage or loss of overtime
- The recent loss of employment
- Separation or divorce
- A business that has failed or is suffering from the economic slowdown
- Military duty o Imprisonment of one of the household's wage earners
- Excessive debt accumulated over time
- I am a full-time student
- Illness/Injury
- Death of the home's primary earner

(1) To see a medical provider your out-of-pocket expenses will be \$150 if paid prior to the time of service (excludes additional in- house tests and x-rays – 25% discounts also available if paid in full at time of service). We are not responsible for the cost of the outside laboratory test (financial hardship form will be provided to you at the time of service or you can request one from the laboratory). I understand that a single test for Covid-19 can miss up to 20-30%, if symptoms persist, repeat testing within 48-72 hours is essential. If my symptoms worsen, I will return for a reevaluation or go to the Emergency Department.

In consideration of the above no-copay courtesy, I agree that any actions taken against the practice & its representatives will include a review by a board-certified practicing full-time medical expert. You are free to decline to sign this form and see a different medical provider/clinic.

**Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_