6 Office Park Drive
Palm Coast FL 32137
Phone (386) 447-6615
Fax (386) 447-1266

140 Pinnacles Drive
Palm Coast FL 32164
Phone (386) 597-2829
Fax (386) 313-1923

www.mediquickfl.com

Patient Name: ____________________________Date: ___________

I understand that in the event that any charges for services provided by MediQuick are missed or discovered after I have left the office, they will be billed to me or my health insurance.

I understand that I am responsible for those charges.

PATIENTS WHO HAVE LAB DRAWS

Any blood test or culture that may be sent to a separate laboratory will be billed to your insurance and may result in a separate bill sent to you by the lab. If you have any questions please check with the Medical Assistant or employee at check out.

Signature of Patient: _______________________________________