

VIRGINIA GATEWAY URGENT CARE CENTER

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Workman's Compensation Acknowledgement Form

I understand that the medical expenses incurred by me at Go Now Doctors Gainesville Urgent Care Center will be billed to my employer's workman's compensation insurance carrier, as I am claiming a job-related injury.

If my employer or employer's insurance carrier determines that my injury is not work-related and subsequently refuse payment, I shall be responsible for all the medical expenses incurred at this facility for my care.

Patient's /Legal Guardian Signature	Date