



**MAIN STREET**  
**Urgent Care**  
 A Minor Emergency Clinic

Main Street Urgent Care  
 1421 S. Main Street, Suite 111  
 Boerne, Texas 78006  
 Office: (830) 249-9995  
 Fax: (830) 249-9868

QUALITY ACUTE CARE, PA  
 BILLING OFFICE

**Humana Access Authorization Form**

PATIENT NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_

I authorize Quality Acute Care, PA doing business as Main Street Urgent Care to keep my signature on file and apply charges to the credit card listed below for the balance of charges not paid by my insurance.

I authorize charges up to \$500.00 for:

- This visit only
- All visits for this calendar year

I assign my insurance benefits to the provider listed above. I understand that this authorization is valid for one year unless I cancel through written notice.

Type of Credit Card:     Visa     MasterCard     Discover

Name as it appears on card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Patient Signature or Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_