



Service Agreement

Name: _____ City of Birth _____ Country of Birth _____

UCC STAFF: PLEASE SCAN COMPLETED FORM TO THE EHR. Initial: _____

United States Citizenship & Immigration Services Form I-693 by USCIS Designated Civil Surgeon,

Dr. Alexei Prytkov, MD

What to expect and how prepare to the visit:

Please bring to the appointment

- a. Vaccinations records (must be translated to English if the original is in a different language)
- b. Copy of USCIS letter with A number / copy of Employment Authorization Card
- c. Passport, US Government issued ID

1. Immigration Physical is not covered by health insurance and is paid at the date of service \$235.00
2. The applicant will be given a sealed envelope for submission to USCIS and another open envelope with a copy of the form and all supporting documentation usually 1-2 weeks after the initial visit, assuming all tests are negative and all requirements are met.
3. Vaccinations. Usual adult vaccination requirements listed below. Most missing vaccines can be given at Urgent Care Cure during your visit for additional charge. Please check self pay prices for details.
 - a. MMR (can be given at UCC) \$110.00
 - b. TD (within 10 years) (can be given at UCC) \$90.00
 - c. Influenza for the flu season from 10/1 until 3/31 (can be given at UCC) \$25.00
 - d. Hepatitis B (18-59 y.o.) (can be given at UCC) \$100.00
 - e. Pneumococcal Vaccine (PCV 20) (>65 y.o.) (can be given at UCC) \$150.00
 - f. IPV (can be given at UCC) \$70.00
 - g. COVID-19 one shot (currently not available at UCC)
4. Lab work. USCIS requires testing for the following conditions at the time of Immigration physical. Blood can be drawn, and a urine sample obtained during the visit if required and chosen. Applicant is responsible for the lab coverage. Lab claim will not be submitted to the insurance. That bill comes separately from Quest within 4 weeks from the appointment date:
 - a. Gonorrhea (all applicants between 18 and 24 years old), urine sample, TMA NAAT 240.00
 - b. Syphilis (all applicants between 18 and 44 years old), blood work, RPR \$49.00
 - c. Tuberculosis (all applicants older than 2 years old), QuantiFERON, blood work 336.34

Urgent Care Cure
10870 US-1, STE 104, Ponte Vedra Beach, FL 32081
T. (904) 438-2720, F. (904) 212-1711
www.urgentcarecure.com

Updated 09/22/2024



If any of screening tests returns abnormal, further testing is warranted

5. Additional services

- | | |
|---|----------------|
| a. Translation of Medical Documents Russian to English | \$50.00 / page |
| b. Entering previous vaccinations to / creating a new record in FLSHOTS | \$35.00 |
| c. Issuing Second Original I-693 | \$99.00 |

By signing below I agree with the terms and conditions, I also confirm that I personally proofread the form and not finding any mistakes.

I understand that I have 24 hrs to report any corrections of the final form before submitting to USCIS.

Although all the efforts are being made to fully and thoroughly complete the I-693 Form, I understand that there is always a possibility of the I-693 Form being denied by USCIS.

By signing this Agreement form I waive Urgent Care Cure from any subsequent financial liability / expenses potential denial may cause.

____/____/2024

Signature of the Applicant / Responsible party