



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

usually on Mondays at Ponte Vedra location

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. Valid Passport, US Government issued ID

1. Immigration Physical is not covered by health insurance and is paid at the date of service \$245.00
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. Missing vaccines can be given at Urgent Care Cure during your visit for additional charge. Please check self pay prices for details.

- | | |
|---|----------|
| a. MMR (Measles, Mumps, Rubella) | \$110.00 |
| b. TD (within 10 years) | \$90.00 |
| c. Influenza for the flu season from 09/01 until 3/31 | \$35.00 |
| d. Hepatitis B (18-59 y.o.) | \$100.00 |
| e. Pneumococcal Vaccine (Pneumovax 23) (>65 y.o.) | \$150.00 |
| f. IPV (Polio) | \$70.00 |

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 11/29/2025



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 | \$45.00 |
| c. Issuing Second Original I-693 | \$109.00 |
| d. Blood draw for Quest | \$25.00 |

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.

I understand that it is my responsibility to obtain complete documentation at Urgent Care Cure when it is ready.

I understand that UCC will not be submitting the documentation, and it is my sole responsibility to submit the documentation to USCIS by myself or via my attorney.

I have received a copy of this agreement.

____/____/2025

Signature of the Applicant / Responsible party

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