Oregon
OCCUPATIONAL MEDICINE
Service, Gratitude, & Integrity

Consent for Services and Payment - Immigration Services

Patient Name: _____

DOB: _____

Service Information

Immigration services can be complex and each individual's specific needs can vary in order to satisfy USCIS requirements. The total price for these services varies based on your individual needs. We will provide you with the services you request, it is your responsibility to know which service you need to fulfill USCIS requirements. After the initial service is provided and it is determined what procedures, exams, immunizations, etc. will be required, we will provide you with the cost of completing those services at our facility, or the information to seek them at another facility. These services may include:

Medical Exam: This service includes the Civil Surgeon reviewing any vaccine records you provide, performing the required medical exam, the most common tests required for most people to meet the requirements of USCIS and completion of the US-I693 once all the services necessary have been completed. Additional testing and vaccines are at an additional cost.

Vaccine Review Only: A vaccine review only includes the Civil Surgeon reviewing any vaccine records you provide, determining what immunizations are needed to fulfill USCIS requirements and completing the appropriate portions of the US-I693 form once the requirements have been met. This does not include an exam or time with the Civil Surgeon.

Standard Policies

Vaccines, Lab Tests & Other Services: Once the Civil Surgeon identifies what services you need to fulfill the US-I693 requirements, we can provide those services at our usual fee, or you may choose to seek them elsewhere. If you choose to obtain your labs, tests or immunizations elsewhere, you are fully responsible for providing us with complete, legible documentation of those services.

Payment & Insurance: Payment is due before any service is performed. We accept Visa, Mastercard and American Express only. We do not bill insurance for these exams. We can give you the documentation needed to submit the request to your insurance, but we will not correspond with your personal health insurance in any capacity

Completed Paperwork: There is no guaranteed time frame for your US-I693 form to be completed. Typically, they are completed within 10-14 days of our receipt of all needed documentation to fulfill the requirements, but occasionally more or less time is necessary.

Unclaimed Records: We will notify you (or the requested person) by phone of necessary services and of completed packets. If you do not respond or do not pick up your documents within 90 days of notification your packet will become inactive and you will need to pay for and the entire process will need to be repeated.

Dates on Forms: We will not post-date the forms. USCIS requires the Civil Surgeon date the forms for the date the exam or service is completed. USCIS requires completed packets must be submitted to USCIS within 60 days of signing.

Timing of Exams: Exams & screening tests are valid for 6 months (company policy).

Optional Release of Information

By completing this section and providing the information below, I authorize the staff of Oregon Occupational Medicine to disclose medical information regarding my immigration services. This information may include, but is not limited to my medical history or needed medical services directly related to the completion of my I693 form. I authorize my completed packet (and copy) to be given to this person(s) upon my verbal request.

Name: _____ Relationship: ☐ Spouse ☐ Sponsor ☐ Other: _____

Phone (if different than applicant): _____

Notes:

Consent for Treatment

I authorize Oregon Occupational Medicine Physicians to conduct such physical examination and perform such tests as the examining physician, in his or her discretion, deems appropriate and as described to me. I understand this examination is not intended to take the place of comprehensive physical examination conducted by my personal physician. I understand this examination does not establish a patient, physician relationship and is only for the purpose of immigration services.

I have read the above Oregon Occupational Medicine policies regarding payment for immigration exams and consent for treatment and release of information and I agree to the terms outlined above.
I understand that all immigration services are in accordance with the regulations set forth by USCIS.

Patient Signature
(or parent if underage) _____ Date _____