

Cary Medical Clinic, PC

550 New Waverly Place, Suite #105
Cary, NC 27518

Tel 919 233 2022

Fax 919 233 2212

(PLEASE PRINT CLEARLY)

Patient Information

Name _____ Home Phone # _____
Last Name First Name Middle Initial

Address _____ Cell Phone # _____

City _____ State _____ Zip _____

Soc Sec # _____ Email address _____

Sex M F Age _____ Birthdate _____ Single Married Widowed Separated Divorced

Employers Name _____ Work Phone _____

Parent, Spouse, or Partner Full Name _____

Employers Name _____ Work Phone _____

Who may we thank for referring you ? _____

In case of emergency who should be notified _____ Phone _____

Primary Insurance

Insurance Company _____

Policy ID # _____ Group # _____

Please Fill-out **ALL INFORMATION** if policy holder is other than Self

Policy Holder Name _____
Last Name First Name Middle Initial

Relation to Patient _____ Date of Birth _____ Sex M F Soc. Sec.# _____

Secondary Insurance

Insurance Company _____

Policy ID # _____ Group # _____

Policy Holder Name _____
Last Name First Name Middle Initial

Allergy Alert

Are you allergic to any medicine? YES NO Don't Know

If yes, write the medication here _____

FINIANCIAL AGREEMENT AND AUTHORIZATION FOR TREATMENT

I authorize treatment of the person named above and agree to pay all fees and charges for such treatment. I understand that Cary Medical Clinic will make all attempts possible to collect from my current insurance carrier as long as correct insurance card(s) are presented BEFORE treatment. After 120 days, I may receive a bill if my insurance does not respond.

Signature _____ Date _____

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize for Cary Medical Clinic to release any information acquired in the course of my examination or treatment to specific insurance carriers, third party payers or other involved in processing and collecting of claims in accordance with the HIPPA Patient Confidentiality Act of 1996.

Signature _____ Date _____

THANK YOU FOR BEING A PATIENT AT CARY MEDICAL CLINIC.

CHART # _____