

Carolina Family Practice Centre, PA  
2500 Village Dr., Suite 100  
Fayetteville, NC 28304

## PATIENT REGISTRATION FORM

### PATIENT INFORMATION – PLEASE PRINT

Patient Name:  Suffix:

SSN:  Date of Birth:  Marital Status: S  M  W  D  SEP

Home Address:  City, ST, Zip:

Home Phone:  Work Phone:  Cell Phone:

Email Address:  (This is part of your protected health record)

Employment Status: Full-time  Part-time  Unemployed  Retired  Student

Gender:  Male  Female    Race:  White/Caucasian  Black/African American  Other    First Language:  English  Spanish  Other    Ethnicity:  Hispanic  Non-Hispanic

Identifies As:  Female  Male  Male-to-female Transgender  Female-to-Male Transgender  Non-conforming Gender

### EMERGENCY CONTACT – Who may we contact in case of an emergency?

Name:  Relationship to patient:

Home Phone:  Work Phone:  Cell Phone:

### Responsible Party – Custodial parent, if patient is under 18 years old

Legal Name:  DL#, SS#:

Relationship to Patient:  Date of Birth:  Employer:

### Insurance/Billing Information

Primary Insurance Company:

Member ID #:  Group #:

Subscriber's Name:  SSN:  DOB:

Subscribers Relationship to Patient:

Secondary Insurance Company:

Member ID #:  Group #:

Subscriber's Name:  SSN:  DOB:

Subscribers Relationship to Patient:

### PRIVACY INFORMATION (HIPAA) Communicating with your Family, Friends, or Caregivers

I authorize Carolina Family Practice Centre, to disclose my protected health information to the named persons listed below. You may list up to 3 people.

|    | NAME                 | Relationship         |
|----|----------------------|----------------------|
| 1. | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> |
| 3. | <input type="text"/> | <input type="text"/> |

### Notice of Privacy Practices Written Acknowledgment

I have received a copy of Carolina Family Practice Centre, PA's Notice of Privacy Practices.

Signature \_\_\_\_\_ Date

# Financial Policy

Thank you for choosing Carolina Family Practice Centre, as your healthcare provider.

**SELF-PAY PATIENTS:** Patients without insurance coverage will be required to pay for all services at the time they are rendered. A time-of-service discount will be offered to patients who pay in full for their visit at the time of service. We will not bill you for self-pay balances.

**INSURANCE COLLECTION:** Please understand that your medical insurance contract constitutes an agreement between you and your insurance carrier and not between Carolina Family Practice Centre, and the insurance carrier. As a courtesy, we will bill your medical insurance carrier for services we provide. It is your responsibility to ensure we have the most current copy of your insurance card and that your demographic and contact information is correct at the time of each visit. If we cannot verify that your insurance is active at the time of service, you will be responsible for payment at time of service. *In the event of termination of insurance coverage, it will be the responsibility of the patient/guarantor to pay for all medical services rendered on such date of termination and thereafter.*

**COPAYMENTS, DEDUCTIBLES, AND FEES:** All copayments, coinsurance, deductibles, and fees for services not covered by your insurance policy are due at the time services are rendered. For any questions regarding any services/treatments, we encourage you to contact our billing department. A minimum fee of \$25.00 will be charged for miscellaneous services such as forms and paper work (FMLA etc.) . As a convenience, we accept all major credit cards, debit cards, checks, and cash.

**NO SHOW/CANCELLATION POLICY:** Missed appointments represent a cost to us, to you and to other patients who could have been accommodated. Appointments missed or not cancelled at least 24 hours before the appointment will result in a **\$25.00 fee**. Appointments can be cancelled by calling the office during regular business hours, appointment reminder calls, or in person. Please help us serve you better by keeping your scheduled appointment.

**NOTICE REGARDING ANNUAL WELLNESS VISITS:** Please be aware that it is not uncommon for patients to receive an annual wellness visit and an evaluation of an acute or chronic illness/problem. In these cases, your insurance company may be billed for an annual wellness visit and an additional office visit, which may require a copayment by you.

**PRESCRIPTION POLICY:** Please be sure to ask the provider for refills on all medications at your appointment. It is with rare exception that we will refill medications over the phone. If circumstances call for us to do so, please call the prescription refill phone line and allow 72 hours for a refill. We ask patients to bring all medications that you are actively taking to ALL appointments that you have with our providers.

**TEST RESULTS:** It is the policy of our practice that patients are notified of their test results in a timely manner.

- Normal or Stable(non-emergent) Lab/Test Results: Will be discussed during the next appointment with the provider. Patients may call during regular business hours to request results of their labs or other tests. Please allow 24 hours for a call back. You also can check the patient portal for results.
- Abnormal Lab/Test Results: The patient will be called by the provider or appropriate clinical staff as directed by provider with guidelines for treatment or follow-up.

**APPOINTMENT REMINDERS:** I authorize Carolina Family Practice Centre, to use a telephone system to use my name, address, and phone number; the name of my scheduled treating physician; and the time and place of my scheduled appointment(s) for the limited purpose of contacting me to notify me of pending appointments, and to leave a reminder message on my voice mail system or answering machine.

**Walk-In Clinic:** We offer an urgent care/same day visits for Carolina Family Practice Centre, PA established patients only; Patients must have an annual wellness visit/Physical at the main clinic to utilize the walk-in clinic. Cut off times may vary depending on the patient load. Treated on a first come first serve basis with possible exceptions for emergent issues. Please keep in mind you may experience a longer wait time.

- **What to come to the WIC for:** Colds, Cough, Sore throat, Flu/covid symptoms, urinary issues, BP issues, Blood sugar, Headaches, Rash, Simple cuts/injuries, Backpain, Allergies, or stomach issues.
- **What to go the Emergency Room for:** Radiating chest pain (concerns for heart attack), Stroke symptoms, Serious accidents/injuries/cuts, Anaphylactic Reaction, or Head Trauma (with loss of consciousness).

By signing, I hereby affirm that I agree with the above Policies of Carolina Family Practice Centre, PA

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_