



Hometown Direct Primary Care

332 N. Bright Leaf Blvd, Suite C
P.O. Box 2559
Smithfield, NC 27577
Phone (919) 901-7344 Fax (319) 250-7453

Patient Enrollment Form

Name _____ DOB _____

Address _____

City/State/Zip _____

Home Phone _____ Cell _____

Email _____

Are you a current patient of Dr. Rambeau? Yes No

Are you a Medicare patient? Yes No (Medicare patients MUST be a current patient of Dr. Rambeau's in Benson. She plans to file Medicare for these patients only.)

Non-Medicare Patients

Which membership/plan* are you interested in?

- 1 Adult (under age 50)--\$50/month or \$540/year
- 1 Adult (age 50 or older)--\$70/month or \$750/year
- Minor child (<18 yrs old, parent not enrolled)--\$40/month or \$430/year
- Couple (any ages)--\$100/month or \$1080/year
- 1 Parent with 1 minor child*--\$75/month or \$810/year
- 1 Parent with >1 minor children*--\$100/month or \$1080/year
- 2 Parents with 1 minor child*--\$125/month or \$1350/year
- 2 Parent with >1 minor children*--\$150/month or \$1600/year

*Children must live in same household with parents

List additional family members with ages on membership (if applicable)

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Additional forms will be emailed (or mailed) to complete your enrollment based on your information above.

Signature _____ Date _____

Please return this form via fax to (319) 250-7453, email to rambeau@hometown-dpc.com, or mail to our PO Box.