

Carolina Women's Health, PA

Dr. J. Stewart Carr, MD
3404 Wake Forest Rd, Ste 200
Raleigh, NC 27609

Patient Information:

Name: _____

Address: _____

Phone: _____ home
_____ work
_____ cell

Email: _____

Date of Birth: _____

Social Security Number: _____

Marital Status: _____

Employer: _____

Responsible Party:

Same as Patient? Yes or No

Name: _____

Address: _____

Primary Insurance:

Same as Patient? Yes or No

Same as Resp Party? Yes or No

Relationship to patient? _____

Insured Party: _____

Insured Phone: _____

Company: _____

Insured ID# _____

SSN# _____

Date of Birth: _____

Emergency Contact:

Primary Contact: _____

Contact Phone: _____

Relationship to patient: _____

Contacting You:

What is the best way to reach you?

Is there anyone you would prefer we didn't
speak to regarding your appts, etc.?

Pharmacy Information:

Pharmacy: _____

Phone: _____

General Location: (street, shopping center, etc?)

Secondary Insurance:

Same as Patient? Yes or No

Same as Resp Party? Yes or No

Relationship to patient? _____

Insured Party: _____

Insured Phone: _____

Company: _____

Insured ID# _____

SSN# _____

Date of Birth: _____

I hereby assign payment of the surgical, medical, and/or major medical benefits, if any to Dr. J. Stewart Carr, MD. I hereby authorize Dr. J. Stewart Carr, MD to release any information acquired in the course of my examination or treatment to the insurance company. I understand that the office of Dr. Carr will file my insurance as a courtesy. However, I am ultimately responsible for all medical fees relating to my care. Should my insurance deny for such reasons as; an authorization, deductible, or non-covered service, I understand that I will be responsible for my bill. I also understand that the office policy regarding refunds is such that I will not be reimbursed for refunds less than \$20.00. All refunds less than this amount will be reserved and applied toward future charges incurred. This authorization shall remain valid until revoked in writing.

Signature: _____ Date: _____