

Carolina Breast Care Specialists, PA

Patient Information

Name _____	Living Will? Yes / No _____
Date of Birth _____ SSN _____	Sex _____
Address _____	
City _____	State _____ Zip _____
Home Phone: _(_____) _____	Cell Phone (_____) _____
Marital Status (Circle One): Single Married Partnered Divorced Legally Separated Widowed	
Employer _____	
Work Phone _(_____) _____	Ext. _____
Email _____	Student? Yes / No ___ Full time ___ Part Time
Emergency Contact _____	Relation _____ Phone (____) _____
Spouse _____	Employer _____ Phone (____) _____
Referring Physician _____	Phone (_____) _____

Guarantor (Responsible Party)

Check box if same as Patient Information

Name _____	Date of Birth _____	SSN _____
Address _____		
City _____	State _____	Zip _____
Home Phone: _(_____) _____	Cell Phone (_____) _____	
Employer _____		
Work Phone _(_____) _____	Ext. _____	

Insurance Information (Please provide insurance card to front desk)

Primary Ins Co _____	Policy # _____
Secondary Ins Co _____	Policy # _____

Release of Information

<input type="checkbox"/> I authorize that medical and appointment information can be left on the selected: ___ Cell Phone ___ Voicemail
<input type="checkbox"/> You may release my medical information to the following people:
Name _____ Relation _____ Phone _____
Name _____ Relation _____ Phone _____
<input type="checkbox"/> <i>I do not wish for my information to be left with any person other than myself.</i>

I authorize the release of any and all medical records to referring physicians as well as my insurance company if necessary. I further authorize insurance payments for services rendered be made directly to Carolina Breast Care Specialists. I acknowledge that copays and account balances are due at the time of service and any amount that remains after insurance processing becomes my responsibility.

I have been given the opportunity to review the HIPAA policy for Carolina Breast Care Specialists and understand that a personal copy can be made available to me upon my request.

Signature of Responsible Party _____ Date _____