



919-303-2500

817 Perry Road

Apex, NC 27502

www.jointandmusclepain.com

### APPLICATION FOR CARE

The following information is needed in order to better serve you. Please complete all questions. If you need help, please ask. **PLEASE PRINT LEGIBLY.**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: M / F

Age: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_ Work #: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Would you like to receive our email newsletter? \_\_\_\_YES \_\_\_\_NO

Marital Status: Married Single Divorced Widowed # of children: \_\_\_\_\_

Who referred you to our office: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### In case of an emergency, Contact

Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

#### Accident Information:

Is your condition due to an accident? YES NO Date of Accident: \_\_\_\_\_

Type of Accident: \_\_\_\_Auto \_\_\_\_Work/Job \_\_\_\_Home \_\_\_\_Other\_\_\_\_\_

To who have you reported your accident? \_\_\_\_Auto \_\_\_\_Workers Comp. \_\_\_\_Employer

Were you admitted to the ER? YES NO Where? \_\_\_\_\_

Attorney Name (if applicable): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

I (we) agrees to pay for service rendered to the above-mentioned patient as the charge is incurred. I understand and agree that health and accident insurance policies are an arrangement between the insurance carrier and me, and I am personally responsible for payment of any and all services. I also understand that if I terminate or suspend my care and treatment, any fee for professional services rendered to me will be immediately due and payable.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice to out new patients:** Full payment for services rendered is due at the end of each visit. If for any reason this request cannot be met, arrangements should be made in advance before seeing the doctor.