



NEW PATIENT APPLICATION LETTER

PLEASE READ THIS CAREFULLY

Dear Applicant,

Thank you for considering Perry Medical Clinic, PC for your health care needs. We strive to provide our patients with quality, personalized care that depends on a common trust in the patient-provider relationship.

In order to provide this level of care, we require each patient to make application for our services. Please complete the attached New Patient Application with your full health related information. The application process allows time for our providers to best determine how our resources may meet your needs. At times, we are not the best fit, and in these cases, we can try and suggest other providers.

As a Family Medicine designated medical practice, we treat a variety of ages and patient conditions during regular business hours. Our decision to accept or not accept patients is based on our scheduling capacity, available services, and how they apply to the patient's health care needs. Perry Medical Clinic, PC does not discriminate based on race, nationality, religion, sex, or any ethnicity. We do reserve the right to refuse acceptance for care should our treatment philosophy differ from the patient's expectations. We will not jeopardize our professional ethics, nor violate any standards of practice and federal/state laws.

Furthermore, our decision criteria for acceptance are also based on the patient's medication history found in the *National Prescription Drug Monitoring Program* (otherwise known as *PDMP*). We will review this national database against those prescriptions you provide in your application for accuracy. We also reserve the right to discharge accepted patients should discrepancies arise during courses of treatment.

We accept most insurances. However, the patient's ability to pay is considered in our decision. Although we provide care in certain financial hardships, we reserve the right to deny acceptance or continuation of care should the patient's insurance change and/or unwillingness to make payment arrangements.

You are welcome to communicate with us by way of our office telephone, secure fax, and our patient portal (once accepted). We will not respond to any patient inquiry on social media, text, or other private messaging technology. Please note, you should contact 911 in the event of any emergency.

Thank you for your cooperation. We look forward to reviewing your application for possible acceptance to our clinic's services.

Sincerely,

Perry Medical Clinic, PC

New Patient Application



Perry Medical Clinic, P.C.

Your Healthcare, Our First Priority.

Date: _____

Patient Demographics

Patient Name _____		Patient's Date of Birth _____	Age _____	M <input type="checkbox"/> F <input type="checkbox"/> Gender
Address _____		Spouse/ Parent/ Guardian Name– Include Date of Birth & SSN _____		
City/ Zip _____		Patient's SSN _____		
Primary Phone _____	Secondary Phone _____	<input type="checkbox"/> W. Barton Perry	<input type="checkbox"/> Clinton J. Allen	
		<input type="checkbox"/> Sheri A. Frickey	<input type="checkbox"/> Joy Allen, CRNP	
Email _____		<input type="checkbox"/> Haley Trammell, CRNP	<input type="checkbox"/> NO PREFERENCE	
Previous Physician Name _____		Reason for Changing _____		

Medical Information

Medical Problem that Needs Attention Now _____

Past Medical History (Example Hypertension) _____

Current Medications, Dosage, & Instructions _____

Billing Information

PRIMARY INSURANCE

Name of Insurance: _____

Contract #: _____ Group #: _____

Name of Policy Holder: _____ Policy Holder's Date of Birth: _____

Relationship to Policy Holder: _____

SECONDARY INSURANCE

Name of Insurance: _____

Contract #: _____ Group #: _____

Name of Policy Holder: _____ Policy Holder's Date of Birth: _____

Relationship to Policy Holder: _____

RESPONSIBLE PARTY

Responsible Party's Name: _____ Social Security #: _____

Account _____

Office Use Only

WBP _____

☐ A ☐ D

Patient Contact: ☐ Phoned ☐ Emailed- Portal Invite ☐

SAF _____

☐ A ☐ D

Date: _____ Initials: _____

CJA _____

☐ A ☐ D

Comments:

HJT _____

☐ A ☐ D

JHA _____ ☐ A ☐ D