Cary Rheumatology & Arthritis Associates PA
1720 NW Maynard Road , Cary NC 27513
919-344-0180 (P), 919-851-1900 (F)

New Pre-Registered Patient Registration

Patient Name _____ D.O.B_____

Can we leave a voicemail on your phone? ☐Yes ☐No Which number? ☐Home ☐ Work ☐ Cell
Can we text you for an appointment reminder/account balance reminder? ☐Yes ☐No

Do you give permission for our office to discuss your medical history with the emergency contact you listed in pre-registration? ☐Yes ☐No

Primary Care Provider

Name _____ Practice Name _____

Phone #_____ Fax #_____

Insurance Information

Primary Medical Insurance _____ Member ID_____

Primary Cardholder _____ Relation _____ DOB _____

Secondary Medical Insurance _____ Member ID_____

Primary Cardholder _____ Relation _____ DOB _____

Pharmacy Information

Name _____ Address _____

Phone #_____ Fax #_____

Please bring this **completed form** on the appointment day along with your **insurance card** and **photo ID**.

I certify that the above information is true and accurate.

Print Name _____ Signature _____ Date_____