

Cary Psychiatry 2023 Patient Information Update Form

Cary Psychiatry would like to thank you for working with us to improve your mental health care. Our family of providers and administrative staff are here for you, and appreciate the time you take in order to keep your information up to date with our practice.

ALL PATIENTS ARE REQUIRED TO COMPLETE AND RETURN THIS FORM ENTIRELY WITH A PHOTO OF ACTIVE 2023 INSURANCE 2 DAYS PRIOR TO THEIR FIRST APPOINTMENT OF 2023

Failure to do so will delay prescription refills and/or result in the self-pay cost for appointments.

Updates provided after your appointment will only apply to your next scheduled appointment.

Fax Form & Insurance to: 919-234-0494 OR Email Form & insurance to: Admin@CaryPsychiatryCenter.com

Demographics

Patient Name: _____ Date of Birth: _____ Preferred Name: _____

Biological Sex: _____ Gender Preference: _____ E-Mail: _____

Phone Number Primary: _____ Secondary: _____

Home Address: _____ City _____ State _____ Zip _____

*Please note that the information above must match what is on file with the insurance provided

Notifications preferences for Appointment Reminders

Please select at least ONE of the following: Phone Call Text Message (SMS) Email

Preferred Pharmacy Name & Address: _____

Insurance

*Insurance provided must be Blue Cross Blue Shield, United Healthcare, or Cigna *only*. We are only in-network with certain plans within these three insurance providers. If you have another insurance plan outside of these, you will be considered self-pay with our office. The self-pay rates for 2022 have updated to \$200 for follow-up appointments. Please note that in mid-late 2023 we anticipate going out-of-network with all Cigna plans. Please remember we are not in-network with Blue Home, Marketplace, or Medicaid/Medicare plans.

Insurance Carrier (Select One): Blue Cross Blue Shield United Healthcare Cigna/Evernorth Self-Pay

Insurance Member ID: _____ Group Number: _____

Credit Card on File

At Cary Psychiatry, we require patients to keep a credit or debit card on file for the estimated patient responsibility for the appointment. These can be services that the insurance does not cover, for which you are liable. Your information is kept confidential and secure. Card payments are processed based on the information that our office can confirm with the insurance company. In completing the information below, you agree to the following statement:

I authorize Cary Psychiatry to charge the portion of my bill that is my financial responsibility to the following credit or debit card. I (we), the electronically undersigned, authorize Cary Psychiatry to charge my credit card, indicated below, for balances due for services rendered that my insurance company identifies as my financial responsibility. This authorization relates to all payments not covered by my insurance company for services provided to me by Cary Psychiatry. This Authorization will remain in effect until I (we) cancel this authorization. To cancel, I (we) must give a 60-day notification to Cary Psychiatry in writing and my patient financial account must be in good standing. If a chargeback is filed from me for payments processed with the below card for rendered services, I understand that a \$50 reversal fee will be applied along with my original balance. The below payment card is authorized for forms fees/charges and no-show charges in accordance with policy.

Cardholder Name: _____ Cardholder Phone Number: _____

Billing Zip Code: _____ Card Number: _____ Expiration Date: _____ CVV: _____

Cardholder Signature (First name, Last name): _____ Date: _____

Patient Signature (First name, Last name): _____ Date: _____

Thank you for choosing Cary Psychiatry to be a part of your healthcare team. We understand how important and special your decisions are with your provider team; we look forward to a healthy and successful 2023 with you!