

San Pedro Family Care

890 W. 4th St.

Benson, AZ 85602

586-3664

Welcome to San Pedro Family Care.

Enclosed is a New Patient Application, please fill in as much information as you can, including all medication and medical problems. When returning the packet please include a copy of the front and back of your insurance(s) card to help speed the process of getting you added to the clinic's roster. If you have any questions please feel free to give us a call. Welcome to the Family.

New Patient Application

Today's Date: _____

Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____

How long have you lived in the area?

Will you be living here year round?

Are you willing to see a Physician Assistant or Nurse Practitioner?

What is your insurance? Medicare AHCCCS Other: _____

If you have immediate family members who are patients here, please list their names:

If not, how did you hear about us?

Please list your medical allergies:

Please list all of your medications and dosage below:

Medication Name	Strength	Dosage

What medical problems do you have?



Carter Mayberry, M.D.
Andrew W. Mayberry, M.D.
Marlaine Epstein, FNP
Tracy Burton, FNP

OUR PROMISE OF PRIVACY AND CONSENT TO PATIENT RECORDS

Our office is fully committed to compliance with HIPAA guidelines by:

1. Providing appropriate security for our patient records.
2. Protecting the privacy of our patient's medical information.
3. Providing our patients with proper access to their medical records.
4. Appropriately maintaining our patient information and billing processes in compliance with national standards.

If you ever have any questions or concerns about your services or charges, we encourage you to call and ask for our compliance officer.

SAN PEDRO FAMILY CARE, PLC

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information.

Signature below is only acknowledgement that you have received this Notices of our Privacy Practices:

Print Name: _____ Signature _____ Date _____