Carolina Medical Consultants, P.A.
FAA Flight Physical Form

Welcome to our office!

Date: _____

Patient Name: _____

Address: _____

_____

Home Phone: _____ Work Phone: _____

Marital Status: _____ Sex: Male Female

Date of birth: _____ SSN: _____

Place of Employment: _____

FAA Class: _____

REASON FOR VISIT TODAY: FLIGHT PHYSICAL

Please read the following:

- We do not file any insurance for flight physicals
- The cost of a flight physical is $108.00
- For Class I physicals that require an EKG, there is an additional $40 charge
- We accept cash, check, VISA, Discover, or Mastercard
- Payment is expected at the time of service

Consent to Treatment:

I consent to treatment necessary for the care of myself. I authorize the release of medical information necessary to pay a claim or any other agents. I understand that payment of charges incurred is due at the time of service. In the event a physician or medical facility requests your PHI for the purpose of continuation of care, I authorize Carolina Medical Consultants to release all medical records including information relating to drug, alcohol, psychiatric, and/or sexually transmitted disease, including HIV/AIDS information. I agree to allow CMC to leave medical information on my answering machine when needed. I have access to and understand the Notice of Privacy Practices which provides a more complete description of the information uses and disclosures. I understand that the organization reserves the right to change their notice and practices. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations and that the organization is not required to agree to the restrictions requested. I have read and fully understand the above consent for treatment, financial responsibility, release of medical information and insurance authorization. I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon.

Patient Signature: _____ Date: _____