



ST. JOSEPH PRIMARY CARE

a ministry of caring

4400 Falls of Neuse Rd., Suite 101 | Raleigh, NC 27609
4057 US-70 Business West | Clayton, NC 27520

Letter of Interest

I am interested in becoming a new patient at St. Joseph Primary Care (STJPC).

- Type of Membership: Individual Family Corporation & small business
- Membership Fee: \$1,000 (per year, per member) _____
- Auto renewal: yes no undecided (please call me first)
- Type of Payment: online credit card check
- Terms Of Conditions: Accepted Declined

*Note: Upon receipt of this letter and payment, you will be contacted to schedule your first consultation/office visit. Please call (919) 386-6866 with any questions or concerns. Please make a check payable to St. Joseph Primary Care and return this completed form to:

St. Joseph Primary Care
4400 Falls of Neuse Road, Suite 101
Raleigh, NC 27609

Name(s)

Birthdate

1. _____
2. _____
3. _____
4. _____
5. _____

Contact Information

Mailing Address:
Email:
Phone:
Mobile:

Amount:

Signature: _____ Date: _____