

MERIDIAN WOMEN'S HEALTH
10330 Meridian Avenue N. #200
Seattle, WA 98133
(206) 368-6644

PLEASE COMPLETE ALL SECTIONS - IN BLUE OR BLACK INK

PATIENT NAME:			DATE:		
Last:	First:	MI:			
NAME YOU LIKE TO BE CALLED:					
MAIDEN NAME:					
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced					
Address:		Apt#:	City:	State:	Zip:
Home Phone:()			Cell Phone: ()		
Social Security #:			Text Message Reminders Yes <input type="checkbox"/> No <input type="checkbox"/>		
Birthdate:		Age:	Primary Care Physician:		
Employer:					
Work Phone:()					
Responsible Billing Party/Relationship to Patient: <input type="checkbox"/> Self <input type="checkbox"/> Partner/Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent					
<i>(give address and phone if different than above)</i>					
Spouse or Partner's Name/Parent's Name (if patient is a minor):					
Spouse, Partner or Parent's Phone: ()					
Whom shall we call in an emergency? (Please give name, address, area code and phone number of someone not living with you)					
<i>Relationship to You:</i>					
Reason for visit:					

Primary Medical Insurance Carrier:		Member #:
Subscriber Name & DOB:		Group #:
Medicare Number:		
Secondary or Medicare Supplement Insurance Carrier:		Member #:
Subscriber Name & DOB:		Group #:
I have no insurance. I agree to pay today for services provided to me by Meridian Women's Health.		
SIGNATURE:		Date:
Assignment and Release: I hereby authorize my insurance benefits to be paid directly to the physician. I am financially responsible for the balance due. I also authorize the doctor or insurance company to release any information required for this claim.		
SIGNATURE:		Date:
I acknowledge receipt of Northwest Hospital & Medical Center's Notice of Privacy Practices.		
SIGNATURE:		Date:
<i>How did you hear about Meridian Women's Health?</i>		
Referred by Dr. _____		Other: _____