

Winchester Women's Health Care, P.C.

300 Trade Center - Suite 4750

Woburn, MA 01801

Phone: (781) 933-9993

Fax: (781) 933-5711

MaryAnn L. Millar, M.D.

Name: _____ DOB: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Email: _____

Race: _____ **Ethnicity:** _____

Social Security #: _____ Occupation: _____

Referred By: _____ Marital Status: _____

Emergency Contact Name: _____ Phone: _____ Relation: _____

Primary Care Physician: _____ Phone: _____

Address: _____

Pharmacy Name, City/Town and Phone #: _____

Primary Insurance Information

Insurance Company: _____

Subscriber Name: _____ Relation to Patient: _____

Policy #: _____ Group#: _____

Employer of Subscriber: _____

Subscriber's Social Security #: _____ Date of Birth: _____

Secondary Insurance Information

Check here if you do not have Secondary Insurance

Insurance Name & Address: _____

Policy #: _____ Subscriber's Name: _____

Employer of Subscriber: _____

Privacy Statement Acknowledgement

I acknowledge that I have been offered the privacy statement of Winchester Women's Healthcare to review. ❖ **Initial:** _____

Contact Preferences

My **primary** contact phone number is (check one): Home _____ Cell _____ Work _____

It is **OK** to leave a detailed message on my primary contact phone number: Yes _____ No _____

It is **OK** to leave a detailed message with: _____

I agree that it is my responsibility to provide the office with my current insurance information. If payment is denied due to inaccurate insurance information I agree to be responsible for any balance.

❖ Signature of Patient/Guardian: _____ Date: _____