

How did you find us?

Primary Care Provider

- Dr David Farzan Dr Robert C Godefroi
- Dr K Ingrid Hunt Dr Asia Zaheen
- _____

Merrimack Medical & Walk In Center LLC
 25 Marston St Ste 304, Lawrence MA 01841-2310
 Tel 978-688-3100 Fax 978-688-3133

PATIENT REGISTRATION

Please fill out the following information completely, to help us complete your medical record. We are required to have a picture ID at time of registration and Insurance Card. All information must be completed.

Patient Name (Last, First, MI)

Current Primary Care Physician

Street Address

City, State, Zip

Date of Birth

Preferred Phone (Home / Cell) (Please Indicate home or cell)

2nd Phone (Home / Cell / Office)

Social Security #

Email

Preferred Language

Gender /Sex

Race

Ethnicity

Marital Status

Please note: Questions mandated by the US Gov't – Health Insurance Portability & Accountability Act of 1996 (HIPAA) & Physician Quality Reporting Initiative (PQRI)

Insurance Information

Please present Insurance Card (s).

*Please note: All co-pays assessed by your Insurance Plan are required and expected to be paid at time of service. A service charge of \$20.00 may be charged if payment is not paid at time of service. An insurance card is required to be presented at each visit.

Responsible Party Name & Relationship (If a Minor)

Date of Birth

Telephone #

Employer Information

Employer (Work) Name & Address

Telephone #

Emergency Contact (Required)

Name / Relationship

Telephone #

MMWIC Secretary

Date

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Updated 2016.04.08, updated 2017.02.27jm

