

Washington Medical Group, P.C.

All new patients are required to have selected a primary care physician with Washington Medical Group. Please refer to the patient info page to check the necessary things you will need to bring at your appointment. Please fill out all fields in order for your request to be processed.

Name: _____

Social Security Number: _____

Address: _____

E-mail: _____

Date of birth: _____

Marital Status: _____

Physician: _____

Primary Care Physician: _____

Home or cell Phone: _____

Work Phone: _____

Insurance and type (HMO or PPO): _____

Member ID or Policy number: _____

Group #: _____

Telephone for insurance: _____

Employment:

PO Box for claims submission: _____

Are you the primary insured?

If not: Name of primary insured: _____

Social security: _____ Date of birth: _____ Relationship: _____

Reason for the appointment (max of 2): _____

Desired time and date: _____