

**NORTHWEST WOMEN'S HEALTHCARE**

1101 Madison - Suite 1150  
Seattle, Washington 98104

Patient Name \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_  
Last First Preferred

Mailing Address \_\_\_\_\_  
Street Apt No. City State Zip

Primary Phone \_\_\_\_\_ H / W / C Secondary Phone \_\_\_\_\_ H / W / C

Email Address \_\_\_\_\_

Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widow/er \_\_\_\_\_ Single \_\_\_\_\_ Domestic Partner \_\_\_\_\_ Other \_\_\_\_\_

Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ Social Security No \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Referred by \_\_\_\_\_

Primary Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Relation \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Employer \_\_\_\_\_

Second Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Relation \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Employer \_\_\_\_\_

**BILLING INFORMATION**

Are you the Subscriber on your insurance plan? Yes \_\_\_\_\_ No \_\_\_\_\_ Self Pay \_\_\_\_\_

If not please provide the following:

Subscriber Name \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security No \_\_\_\_\_ Primary Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt City State Zip

**Responsible Party for any Balances** \_\_\_\_\_

Do you have Secondary Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please provide the following:

Subscriber Name \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security No \_\_\_\_\_ Primary Phone \_\_\_\_\_

**ASSIGNMENT OF BENEFITS:** I authorize payment of medical benefits to the physicians of Northwest Women's Health Care. I also authorize the release of any medical information necessary to process these claims. I understand that regardless of insurance coverage, I am responsible for my account balances.

**The above information is complete and accurate to the best of my knowledge.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Initials** \_\_\_\_\_ **Date** \_\_\_\_\_ **Initials** \_\_\_\_\_ **Date** \_\_\_\_\_

**Initials** \_\_\_\_\_ **Date** \_\_\_\_\_ **Initials** \_\_\_\_\_ **Date** \_\_\_\_\_