

Well Primary Care, LLC
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www.wellprimarycare.com

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Welcome to Well Primary Care!

Thank you so much for your interest in joining us at Well Primary Care. We are dedicated to:

- Delivering exceptional, comprehensive, patient-centered primary care with individualized attention and compassion
- Creating and maintaining an environment of accessibility and open communication
- Maximizing the value of care offered to our patients

Enclosed are 3 forms needed for enrollment:

Patient Registration - basic contact information

Patient Agreement - outlines general practice arrangement

Billing Authorization - allows me to set you up for monthly billing

For those of you 63 and older, or on Medicare, there is one additional form to sign stating that you understand we do not participate in Medicare (a second copy of this one is provided for your records as well.)

If you prefer to pay for several months or a full year at a time, please just make a note of that on the Billing Authorization form. You can then either complete the credit card portion for the payment, or include a check payable to Well Primary Care.

If you have any questions about the forms or how to complete them, please do not hesitate to call us at (302) 449-0070 or send an email to contact@wellprimarycare.com.

Please drop off or send completed registration forms to:

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