

**Well Primary Care, LLC**  
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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 5 forms needed for enrollment:

**Patient Registration** - basic contact information

**Patient Agreement** - outlines general practice arrangement

**Billing Authorization** - allows us to set you up for monthly billing

**Privacy Policy Signature** - acknowledges receipt of our privacy policy

**New Patient Questionnaire**

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](mailto:contact@wellprimarycare.com).

**Please email, drop off, or send your completed registration forms and we will schedule your first visit.**