Maternity Pre-Admission Form

Copy of insurance card attached __Y __N

PATIENT INFORMATION

Legal Name _____

Birth Date _____ Age _____

Address _____ City _____ County _____ Zip _____

Home Phone ( ) _____ Marital Status _____

Social Security # _____ Religious Preference _____

Expected Due Date _____ OB Name _____

Primary Care Doctor _____

PATIENT EMPLOYMENT INFORMATION

Patient's Employer _____ Address _____

Work Phone Number ( ) _____ Occupation _____

SPOUSE/PARENT INFORMATION

Name of Spouse/Parent (if insured by parents) _____ Social Security # _____

Address (if different from above) _____

Spouse/Parent Employer _____ Work Phone ( ) _____

Spouse/Parent Employer Address _____

Name, address, phone and relationship of a local emergency contact _____

_____

PRIMARY INSURANCE INFORMATION

Insured's Name _____ Insured's Social Security # _____

Address (if different) _____

Phone Number ( ) _____

Relation to Patient _____

Primary Insurance Company Name _____ HMO / PPO / POS / OTHER

Address to mail claims to _____

_____

Insurance Company Phone Number ( ) _____

Primary Policy # _____ Group # _____ Certificate # _____

Pre-authorization Number _____ Effective Date _____

SECONDARY INSURANCE INFORMATION

Insured's Name _____ Insured's Social Security # _____

Address (if different) _____

Phone Number ( ) _____

Relation to Patient _____

Primary Insurance Company Name _____ HMO / PPO / POS / OTHER

Address to mail claims to _____

_____

Insurance Company Phone Number ( ) _____

Secondary Policy # _____ Group # _____ Certificate # _____

Pre-authorization Number _____ Effective Date _____

Medicaid Coverage _____

Medicaid State I.D. # _____

If you have any financial questions or concerns, please call Financial Services at Swedish Medical Center, 303-788-6852. If not insured, you may want to inquire about our self-pay discount plan and financial assistance programs.

RETURN TO: Swedish Medical Center
501 East Hampden Avenue
Englewood, Colorado 80113
Attn: ED Admissions Dept.

OR FAX TO: ED Admissions Dept. at 303-788-8906.