

This form, when completed, contains information to begin your medical record and to verify your insurance. For any visit, please complete the form and return it by mail or fax (626-821-6968) to the Admitting Department as soon as possible, prior your scheduled arrival date.

If possible, please attach a copy of your insurance card to the form.

Obstetrical patients: Please complete the form and return it to the Hospital Admitting Department soon after the end of your fifth month of pregnancy.

Patient Information (PLEASE PRINT)

PATIENT NAME Last First Middle Initial Date of Birth Age Sex

Social Security No. Race Marital Status Mother's Maiden Name Drivers License No. Birthplace

PATIENT ADDRESS City State Zip Code

Area Code/Home Phone No. Area Code/Work Phone No.

Church Religion Primary Language

Patient's Employer Occupation Employer's Address City State Zip Code Length of Employment

SPOUSE OR NEAREST RELATIVE Relation to Patient Address City State Zip Code

Area Code/Home Phone No. Area Code/Work Phone No.

Spouse or Nearest Relative Employer Employer's Address City State Zip Code Length of Employment

Insurance Information (PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD)

Primary Insurance Company/Medical Group Address City State Zip Code Area Code/Phone No.

Subscriber Name Date of Birth ID/Social Security No. Group No. Primary Physician Name Effective Date

Secondary Insurance/Medical Group Address City State Zip Code Area Code/Phone No.

Subscriber Name Date of Birth ID/Social Security No. Group No. Primary Physician Name Effective Date

Medical Information

Attending Physician

Obstetrical Patient Due Date

Additional Information

Power of Attorney for Health Care/Living Will for Health Care? Yes No Is a copy on file at Methodist Hospital? Yes No

If no, please bring the document to the Admitting Department at time of admission.

Pre-Admission Guide

To Our Patients:

We have prepared this form to familiarize you with our registration procedures and to help ensure a smooth and worry-free admission to the hospital on your scheduled arrival day. We look forward to serving you. (Please note that Methodist Hospital is a non-smoking facility.)

Before Your Hospital Admission:

Please contact our Pre-Admit Specialist at (626) 821-2354. Also, at your convenience, please come to admitting to sign your consent forms, prior to your due date.

What To Bring:

Please bring a minimum of personal belongings with you. You will want to leave all valuables at home (the hospital is not responsible for loss or damage to personal property). Be sure to bring your insurance card/authorization forms.

When To Arrive:

You should come to the Admitting area at the time your physician or the hospital staff has designated. Parking is available in Lot A, adjacent to the Berger Tower. Valet parking is also available at a nominal fee for patients at the admitting entrance.

Insurance Coverage:

Many insurance companies have made recent policy changes that could limit the benefits they will pay for patient services. Please protect yourself by checking with your insurance carrier to determine if you must fulfill special requirements prior to receiving services, such as obtaining pre-admission authorization or a second opinion. Our Business Services insurance verifiers or Obstetrics admission verifiers may also be able to assist you.

Financial Arrangement:

Unless you have verification of insurance coverage, you will be required to submit a deposit, which you may do either before or at the time of admission. Please contact the Business Services Financial Counselors regarding the amount of the deposit. Patients without insurance coverage may contact our Financial Counselors. Methodist Hospital accepts Visa, MasterCard, American Express, Discover Card and ATM cards.

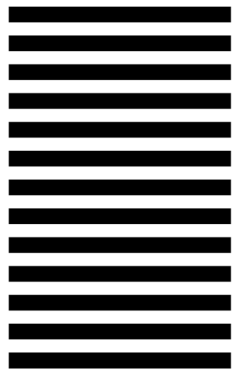
To Contact Obstetrics Financial Counselors, Call (626) 821-2375



THE NEXT GENERATION OF CARE
300 W. Huntington Drive / Arcadia, CA 91007 / 626.898.8000 / www.methodisthospital.org



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