

POUDRE VALLEY HEALTH SYSTEM

Patient Access Services Department

Anticipated Location of Delivery

Poudre Valley Hospital (970) 495-7000 ext.51100/Fax (970) 495-7603 Medical Center of the Rockies (970) 624-1250/Fax 624-1293

EXPECTANT MOTHERS PRE-REGISTRATION FORM

Date: _____

Parent's Legal Name: _____ SSN: _____

Date of Birth: _____ Marital Status: _____ Maiden Name: _____

Ethnic Background: _____ Religious Preference: _____

Parent/Guardian (if patient is under 18): _____

SSN of Parent/Guardian: _____ Relationship: _____

OTHER PATIENT INFORMATION

Patient's Home Address: _____

Patient's Mailing Address (if different from home): _____

Home Phone:(_____) _____ Work Phone:(_____) _____ Other Phone:(_____) _____

Patient's Employer (or parent/guardian if patient under 18): _____

Employer's Address/Phone: _____

PRIMARY PERSON TO NOTIFY (in case of an emergency)

SECONDARY PERSON TO NOTIFY:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Phone:(_____) _____

Phone:(_____) _____

INSURANCE (Please attach a copy of Insurance Card if possible. Thank you!)

Primary Insurance Name: _____

Insurance Address/Phone #: _____

Subscriber: _____ DOB: _____ Policy #: _____ Group #: _____

Subscriber's Employer: _____

Will the baby be covered under the same insurance as the mother? Yes No

(If no, please list insurance coverage for baby below (or secondary coverage if applicable))

Secondary or Baby's Insurance Name: _____

Insurance Address/Phone: _____

Subscriber: _____ DOB: _____ Policy #: _____ Group #: _____

ADMISSION INFORMATION

Prenatal Care Provider: _____ Expected due date: _____

(Doctor, Nurse Midwife, Nurse Practitioner)

Family Physician: _____



PRE-REGISTRATION FORM FOR MATERNITY ADMITS

In order to better serve you, we ask that you pre-register for your delivery date as soon as you receive this form from your doctor.

You may do so by faxing or mailing this form to:

Poudre Valley Hospital
Patient Access Department
1024 South Lemay Avenue
Fort Collins, Colorado 80524
Fax: (970) 495-7603

Medical Center of the Rockies
Patient Registration
2500 Rocky Mountain Avenue
Loveland, Colorado 80538
Fax: (970) 624-1293

Upon receiving your form, we will call your insurance to verify coverage and verify that authorizations and referrals are in place. We will then inform you of any financial responsibilities you may have. Deductibles and copays are due at the time of service.

ATTENTION: C-SECTIONS

All scheduled C-sections require an appointment with a preadmit nurse at least 3 days before surgery. Please call Poudre Valley Hospital: (970) 495-8700 or Medical Center of the Rockies: (970) 624-1500 for an appointment. Out of town patients may be able to do a phone interview.

IMPORTANT INSURANCE REMINDERS

- Most insurance plans require you add the newborn within 30 days of delivery in order for newborn to be covered.
- Self-insured plans do not always automatically cover the newborn for the first 30 days. Check with your employer for information.
- Notify us if the baby is covered by a different insurance plan than what the mother is covered by.
- If the baby stays longer than the mother, copays and deductibles are normally due on the baby for the delivery.