

Beautiful B E G I N N I N G S

Dear Expectant Mother,

We are pleased that you have selected Baptist Women's Hospital for the birth of your child. We offer several ways for you to pre-register with us for your visit.

- You can pre-register online at the following website:
<http://www.baptistonline.org/facilities/preregister.asp>
- You can choose to fill out the form provided by our facility and mail it back to us at no cost.
- You can come by our facility and pre-register in person at your convenience Monday through Friday from 5 a.m. - 4:30 p.m.
- You can also call to pre-register. Please call 901-227-9120 at your convenience Monday through Friday from 5 a.m. - 4:30 p.m.

Once we have your information, we will send you a letter stating that we have received your information.

A few reminders:

- Please read and review the sheet from our admissions department.
- Sign up for any childbirth classes by your 5th or 6th month so you will have a better choice of dates and be able to complete the classes a few weeks prior to your due date.
- Remember to choose a pediatrician for your baby-call their office, make sure they are accepting new patients and that they accept your insurance plan.

We will call your insurance company to verify your insurance eligibility and benefits in regards to your upcoming visit. If you are unsure what your insurance requires, please contact them to get this information. If there are any upfront financial obligations, our financial counselor will contact you with that information to work out some sort of arrangement with you prior to your visit. The hospital requires that all patients pay any deductible, co-pay, or co-insurance amount that their insurance company requires prior to being discharged from the facility.

If you would like to pre-pay a deductible, co-pay, or co-insurance amount, please contact us by phone or come by the admissions department prior to your delivery. If you have any financial questions, please call our financial counselor at 901-227-9124.

Thank you for choosing Baptist Women's Hospital.

Admissions Department
6225 Humphreys Boulevard
Memphis, TN 38120
901-227-9120
womens.baptistonline.org





A WORD OF WELCOME – Even before your arrival at Baptist Memorial Hospital for Women, our staff is making preparations to meet your specific needs. To expedite your admission, we ask that you complete and return the attached pre-admission form.

WHEN YOU ARRIVE at the hospital, come directly to the Main entrance located on the Humphreys Blvd. side of Baptist Memorial Hospital for Women. Report directly to Labor & Delivery by taking the elevator, located just off of the lobby, to the second floor. Please be sure to bring your photo ID and insurance cards with you, when you arrive.

INSURANCE – Although you will be personally responsible for your bill, the hospital will file a claim with your insurance carrier. Your health care insurance is a private contract between you and your insurance carrier, but we will file your claim and assist you in every way possible. To expedite the verification of your insurance, please enclose a copy of the front and back of your insurance card.

The hospital requires that all patients pay any deductibles, co-pays, or co-insurance amounts that their insurance company requires prior to being discharged from the facility. You will be notified by admissions personnel should a deposit be necessary for your hospital stay.

If you need to discuss any type of financial arrangements, please contact our financial counselor at 901-227-9124 or 901-227-9120.

VALUABLES - It is recommended that valuables not be brought to the hospital. In the event it is necessary for you to bring such items, we cannot assume responsibility for them unless they are deposited with the security department.

VISITING HOURS - Our Maternity Unit visiting hours are listed in detail in our Welcome to the Maternity Department brochure. You should receive a copy of this brochure upon arriving at your room after delivery.

We look forward to your stay with us, and again we thank you for choosing Baptist Memorial Hospital for Women for your healthcare needs.

Sincerely,

Baptist Womens Hospital Staff



PATIENT INFORMATION						
LAST	FIRST	MIDDLE	MAIDEN NAME	RACE	DATE OF BIRTH	
PATIENT SOCIAL SECURITY NO.			MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED		CELL PHONE (AREA CODE)	
PATIENT ADDRESS – STREET NO.		CITY	STATE	ZIP	HOME PHONE (AREA CODE)	
PATIENT EMAIL ADDRESS						

PATIENT EMPLOYER INFORMATION			
NAME OF PATIENT'S EMPLOYER		PATIENT'S OCCUPATION	
EMPLOYER'S ADDRESS	CITY	STATE	ZIP
			WORK PHONE

CLINICAL INFORMATION					
EXPECTED DUE DATE	NAME OF OB/GYN	NAME OF PEDIATRICIAN	RELIGION	CHURCH YOU ATTEND	CITY
					STATE

SPOUSE OR OTHER RESPONSIBLE PARTY					
LAST	FIRST	MIDDLE	RACE	DATE OF BIRTH	
RESPONSIBLE PARTY SOCIAL SECURITY NO.	ADDRESS	CITY	STATE	ZIP	PHONE
NAME OF SPOUSE OR RESPONSIBLE PARTY'S EMPLOYER			OCCUPATION		
EMPLOYER'S ADDRESS	CITY	STATE	ZIP	WORK PHONE	

INSURANCE INFORMATION					
1	PRIMARY INSURANCE				
	NAME OF INSURANCE CO.	NAME OF EMPLOYER		POLICY NO.	
	MAILING ADDRESS FOR CLAIMS	CITY	STATE	ZIP	PHONE
	NAME OF POLICY HOLDER	POLICY HOLDER BIRTH DATE	GROUP NO.	RELATION TO PATIENT	POLICY HOLDER S.S. NO.
2	SECONDARY INSURANCE				
	NAME OF INSURANCE CO.	NAME OF EMPLOYER		POLICY NO.	
	MAILING ADDRESS FOR CLAIMS	CITY	STATE	ZIP	PHONE
	NAME OF POLICY HOLDER	POLICY HOLDER BIRTH DATE	GROUP NO.	RELATION TO PATIENT	POLICY HOLDER S.S. NO.

EMERGENCY INFORMATION		
PERSON TO NOTIFY IN EMERGENCY (other than spouse)	RELATIONSHIP TO PATIENT	PHONE
PERSON TO NOTIFY IN EMERGENCY (other than spouse)	RELATIONSHIP TO PATIENT	PHONE