

# ADMISSIONS INFORMATION

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Congratulations on the upcoming addition to your family. The team at Saint Francis Hospital-Bartlett wants you to have the best experience possible. We have several recommendations to help you prepare for your visit.

Preregistration will help expedite your admission to Saint Francis Hospital-Bartlett. There are several ways you can complete preregistration. These include:

- \* Filling out the form provided in this packet and returning it in the postage paid envelope.
- \* Preregistering online at [www.SaintFrancisBartlett.com](http://www.SaintFrancisBartlett.com). The link for preregistering will be under the "For Patients" header.
- \* Visiting us Monday-Friday between 8:00 a.m. and 6:00 p.m. to preregister in person.
- \* Contacting us at 901-820-7575.

Once we have your information, we will send you a letter of confirmation. We will also contact your insurance company to verify your benefits. If you have financial obligations such as co-payments or deductibles which must be met prior to your admission, a financial counselor from Saint Francis Hospital-Bartlett will contact you to make arrangements for payment.

We would also encourage you to attend one of our complimentary childbirth classes. To register for a class, call 901-820-7022 or go to [www.SaintFrancisBartlett.com](http://www.SaintFrancisBartlett.com) and the link for classes will be found under the "About Us" tab.

Saint Francis Hospital-Bartlett looks forward to being a part of your special day. Please don't hesitate to contact us if you should need any additional assistance.

## **SAINT FRANCIS HOSPITAL-BARTLETT**

### *Admissions Department*

2986 Kate Bond Rd.

Bartlett, TN 38133

901-820-7575

[www.SaintFrancisBartlett.com](http://www.SaintFrancisBartlett.com)

## WELCOME TO YOU AND YOUR BABY FROM SAINT FRANCIS HOSPITAL – BARTLETT

Thank you for choosing Saint Francis Hospital – Bartlett. We look forward to meeting you and assisting you with any needs that you have. The birth of your baby is one of the most exciting events in your life – a moment that you will always cherish and remember – and the start of an amazing journey as a family.

We know that with the excitement and joy come questions and concerns. We offer childbirth classes to help you understand the process of labor and delivery. The more knowledge you have of the birthing process, the more likely you will have confidence and a positive perspective when that special day arrives.

The staff of the Women’s Center at Saint Francis Hospital – Bartlett is dedicated to ensuring that your experience is everything that you want it to be. Our focus is your family. We provide a family-centered environment that offers a personalized health care experience.

If you would like to tour our Women’s Center, you may make an appointment to do so by calling 901-820-7022. In addition, you may take an online virtual tour on our website at [www.SaintFrancisBartlett.com/MaternityTour](http://www.SaintFrancisBartlett.com/MaternityTour).

Again, thank you for entrusting your care to us.

THE  
WOMEN’S  
CENTER



2986 Kate Bond Road, Bartlett, TN 38133  [www.SaintFrancisBartlett.com](http://www.SaintFrancisBartlett.com)



# Saint Francis Hospital - Bartlett

TO EXPEDITE YOUR ADMISSION, PLEASE COMPLETE FORM AND RETURN PROMPTLY.  
PLEASE ENCLOSE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD.

## PATIENT INFORMATION

PATIENT NAME- LAST		FIRST	MIDDLE	COUNTY OF RESIDENCE	SPOUSE NAME (FIRST)	
AGE	DATE OF BIRTH	RACE	STATE 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
PATIENT ADDRESS – STREET NO.			CITY	STATE	ZIP	PATIENT PHONE
PATIENT'S OCCUPATION			PATIENT'S EMPLOYER			
HAVE YOU BEEN A PATIENT <input type="checkbox"/> YES <input type="checkbox"/> NO	MO	YR	EMER. ROOM <input type="checkbox"/> YES <input type="checkbox"/> NO	MO.	YR.	UNDER WHAT NAME?
EMPLOYER'S ADDRESS			CITY	STATE	ZIP	PHONE
EXPECTED DUE DATE	NAME OF OB/GYN	NAME OF PEDIATRICIAN	RELIGION	CHURCH YOU ATTEND	CITY	STATE
PERSON TO NOTIFY IN EMERGENCY (OTHER THAN SPOUSE)			ADDRESS	RELATIONSHIP	PHONE	

## SPOUSE OR OTHER RESPONSIBLE PARTY

SPOUSE/RESPONSIBLE PARTY INFORMATION	FIRST	M.I.	LAST	RESPONSIBLE PARTY SOCIAL SECURITY NO.		
SPOUSE ADDRESS – STREET NO.			CITY	STATE	ZIP	SPOUSE PHONE
SPOUSE'S OCCUPATION			SPOUSE'S EMPLOYER			
EMPLOYER'S ADDRESS			CITY	STATE	ZIP	PHONE

## INSURANCE INFORMATION

<b>1</b>	NAME OF <b>PRIMARY INSURANCE CO.</b>	IF GROUP INS., NAME OF EMPLOYER		CLAIM MAILING ADDRESS/PHONE NO. (INS. CO./EMP OTHER)		
	NAME OF POLICY HOLDER	POLICY NO.	POLICY HOLDER S.S. NO	POLICY HOLDER BIRTHDATE	RELATION TO PATIENT	
<b>2</b>	NAME OF <b>SECONDARY INSURANCE CO.</b>	IF GROUP INS., NAME OF EMPLOYER		CLAIM MAILING ADDRESS/PHONE NO. (INS. CO./EMP OTHER)		
	NAME OF POLICY HOLDER	POLICY NO.	POLICY HOLDER S.S. NO	POLICY HOLDER BIRTHDATE	RELATION TO PATIENT	

YES     NO Will the baby be covered by the same insurance policy? There may be special steps for this process.

Most insurance carriers are now requiring pre-admission certification. If this requirement is not met, your insurance carrier could reduce or deny benefits. To prevent this loss of benefits, contact either your insurance carrier or insurance representative at your place of employment to determine any special needs regarding your condition. If pre-admission verification is required, this will need to be expedited prior to your admission.