

GUARANTOR INFORMATION (Person responsible for the balance not paid by insurance)

Name _____ Relationship _____ Date of Birth _____ Drivers License # _____
Last First
Home Address _____ City _____ State _____ Zip _____
Social Security Number _____ Employer _____
Employers
Address _____ City _____ State _____ Zip _____
Home phone# _____ Cell phone# _____ Work Phone# _____

PRIMARY INSURANCE

Insurance Name _____ ID# _____ Group # _____
Medical Group _____ Primary Care Physician _____
Insured's Name _____ Relationship to you: (circle one) self spouse step child natural child foster child other

SECONDARY INSURANCE

Insurance Name _____ ID# _____ Group# _____
Medical Group _____ Primary Care Physician _____
Insured's Name _____ Relationship to you: (circle one) self spouse step child natural child foster child other

Once this form is completed you will be asked to provide your insurance card. We will make copies of your card and ask you to sign all of your admission paperwork. Please contact us with any changes (address, telephone number, insurance or physician) prior to your delivery. It may be necessary to have you sign new paperwork if a change is made. The Admitting Department can be reached 6(61) 949-5411.

BIRTH CERTIFICATE INFORMATION FOR NEWBORN BABY

The following information is needed to complete your baby's Birth Certificate. If the information is not available at the time you complete this form please bring the information with you when you deliver.

Father of infant information:

Legal Name of Father _____
First Middle Last
State/Country of Birth: _____ Date of birth: _____ Social Security# _____
Usual Occupation –Title _____ Type of Business or Industry _____
Years of Education Completed (Do not include trade school) _____.

If you have questions about the BIRTH CERTIFICATE, please contact the Medical Records Department at (661) 949-5019.