Due Date: _____

Is this your first baby?
❑ Yes ❑ No

CHESAPEAKE REGIONAL MEDICAL CENTER

1ADM

MATERNITY PRE-ADMISSION FORM

Patient Information

Patient's Full Name

_____
First Middle Last Maiden

Marital Status: ❑ Single ❑ Married ❑ Separated ❑ Divorced ❑ Widowed

Race/Ethnicity: ❑ White / Caucasian ❑ Black /African American ❑ Asian ❑ Hispanic / Latino
❑ American Indian / Alaskan NAtive ❑ Native Hawaiian/Pacific Islander

_____
Street Address City State Zip How Long?

Home Phone: _____ Cell Phone: _____ Religious Preference _____

U.S. Citizen: ❑ Yes ❑ No Social Security # _____ / _____ / _____ Date of Birth _____ / _____ / _____

Employment Information:

_____
Name of Employer Employer Address Work Phone

Legal Next of Kin Information

Name of Spouse or Nearest Living Relative _____
Last First

_____
Address (street, apt. #) City / State / Zip

Home Phone # _____ Cell: _____ Work: _____ Other: _____

Spouse's Social Security Number _____ / _____ / _____ If not spouse, relationship to you _____

_____
Spouse's Employer Spouse's Employer Address City State Zip

History Information

Name of Physician / Obstetrician _____ Physician / OB Phone# _____

Have you previously been a patient at Chesapeake Regional Medical Center? ❑ Yes ❑ No Date of service(s) _____

Name, if different than current _____
Last First

Insurance Information

Insurance Provider _____ Name of Policy Holder _____

Subscriber DOB _____ SSN _____ Employment _____

_____
Insurance Provider Address City State Zip

Provider Phone # _____ Policy # _____ Group # _____

Secondary Insurance Provider _____ Name of Policy Holder _____

Subscriber DOB _____ SSN _____ Employment _____

_____
Insurance Provider Address City State Zip

Provider Phone # _____ Policy # _____ Group # _____

General Information:

- If there are any changes in your personal information before delivery, please contact the Maternity Registration Office at 757-312-6105 and choose option 2.
- This form may be hand-delivered to your physician or mailed (no postage necessary) to the hospital maternity registration office.
- Please use elevator "C" at the Garden Entrance when you arrive for service and go immediately to the 3rd floor.

Physician Information:

- You will be required to select a pediatrician for your baby before your arrival to the hospital and delivery. If you have not selected a physician, the on-call pediatrician will be selected for you.
- Many pediatrician offices offer a free prenatal visit for maternity patients to ensure you are comfortable with their practice.
- You will be billed separately for all services and/or consultations provided by physicians, such as the anesthesiologist, pediatrician, pathologist, radiologist and/or obstetrician.

Financial Information:

- If your insurance covers less than the full amount of your charges, you will be required to pay this self-pay balance on admission or prior to discharge.
- Financial arrangements may be made in advance by contacting the maternity registration office (312-312-6105). CRMC does offer reduced or discounted rates for those patients that meet certain financial requirements. You can discuss those discounts with a financial counselor by calling 757-312-4285.

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 4001 CHESAPEAKE VA

POSTAGE WILL BE PAID BY ADDRESSEE

CHESAPEAKE REGIONAL MEDICAL CENTER
736 BATTLEFIELD BLVD N
CHESAPEAKE VA 23320-9941
ATTN: MATERNITY REGISTRATION DEPARTMENT - 3RD FLOOR