



THE FAMILY CENTER

CAPITAL REGIONAL MEDICAL CENTER

PRE-ADMISSION FORM

Insurance forms can be confusing and complicated. Please feel free to contact us at 850-325-5038 for assistance in filling out your pre-admission form. Once filled out please mail it back to us as soon as possible. Receiving this information will allow us to admit you for the birth of your baby in a much quicker fashion. If you would prefer to fax this information, please fax to 850-325-5148.

Name (Please Print): _____
Social Security Number: _____
Your Date of Birth: _____ Age: _____
Race: _____ Marital Status: _____
Address: _____
Home Phone: _____
Religious Preference: _____

EMPLOYMENT INFORMATION

Employer Name: _____
Work Phone: _____
Employer Address: _____

PRIMARY INSURANCE

Name of Subscriber: _____
Subscriber's Date of Birth: _____
Insurance Address: _____
Insurance Phone Number: _____
Policy Number: _____ Group Number: _____
Pre-Certification Number: _____ Group Name: _____

SECONDARY INSURANCE

Name of Subscriber: _____
Subscriber's Date of Birth: _____
Insurance Address: _____
Insurance Phone Number: _____
Policy Number: _____ Group Number: _____
Pre-Certification Number: _____ Group Name: _____

EMERGENCY CONTACT INFORMATION

Person to contact/Next of Kin: _____

Relation to the patient: _____

Address: _____

Home Phone: _____ Work Phone: _____

PATIENT INFORMATION

Due Date: _____ Doctor: _____

Family Physician: _____

CO-PAY/DEDUCTIBLE PAYMENT METHOD

- I plan to make a deposit on admission and pay the balance before discharge.
- I plan to make a deposit during pre-admission or admission and speak to a financial counselor during my stay for the balance.
- If uninsured, flat fee amount due in full at time of admission.

MAILING ADDRESS AND CONTACT INFORMATION

Please mail this form to:

Capital Regional Medical Center
 Pre-Registration
 2626 Capital Medical Blvd.
 Tallahassee, Florida 32308

Or fax this form to us at: 850-325-5148



THE FAMILY CENTER
 CAPITAL REGIONAL MEDICAL CENTER

32626 Capital Medical Blvd. Tallahassee, FL 32308
 850-325-5000
www.capitalregionalmedicalcenter.com