



# Decatur General

## Pre-Admission Form

Service:  Obstetrical  Surgical Physician's Name \_\_\_\_\_  Inpatient Admission  Outpatient Surgery  
 Due Date \_\_\_\_\_ Admit/Surgery Date \_\_\_\_\_ Religion \_\_\_\_\_ Type Room Desired  Private  Semi-private

### Patient Information

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden Name \_\_\_\_\_ Nickname \_\_\_\_\_  
 Race \_\_\_\_\_ Sex  Male  Female Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Have you ever been a patient at Decatur General?  No  Yes Your name then, if different from present \_\_\_\_\_  
 Marital Status  Married  Single  Widowed  Divorced  Separated Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 Employer \_\_\_\_\_ Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address, if different from above \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Spouse or Person Responsible for Payment

Name \_\_\_\_\_  Self  Spouse  Other Relationship to Patient \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Employer \_\_\_\_\_ Employer's Address \_\_\_\_\_

### Insurance Information

Medicare Policy Number (if applicable)	Medicaid Policy Number	Newborn Medicaid Number (if applicable)	
Primary Insurance Name	Group (Employer)	Policy Number	Group Number
Subscriber's (Policy Holder's) Name		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Subscriber's Date of Birth
Subscriber's Relationship to Insured	Insurance Mailing Address		
Secondary Insurance Name	(Employer)	Policy Number	Group Number
Subscriber's (Policy Holder's) Name		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Subscriber's Date of Birth
Subscriber's Relationship to Insured	Insurance Mailing Address		

Other Insurance

**Since most insurance companies, including Blue Cross & Blue Shield, now have a coordination of benefits clause in their contracts, it is important that you list all policies including those carried by a patient's spouse.**

### Other Information

**Notify in Emergency** \_\_\_\_\_  
 Full Name Home Phone Work Phone Relationship to Patient

**Medication Information** It is important that you bring a list of all the medications you are now taking or bring the medications with you and give them to our nursing personnel for identification.

**Admission** This is a pre-admission information form. The information provided is confidential and enables us to complete your admission as quickly as possible. Please complete and return this form promptly.

**AT YOUR CONVENIENCE, PRIOR TO DELIVERY, PLEASE GO TO THE ADMISSION CENTER TO SIGN YOUR PRE-ADMISSION FORMS.**

**Please bring all your medical insurance policies and/or identification cards with you. If you have any questions please call 341-2551. Office hours are Monday thru Friday, 6 a.m. to 5:30 p.m.**



1201 Seventh Street, SE  
Decatur, Alabama 35601  
(256) 341-2000  
www.decaturgeneral.org

## Pre-Admission Form

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### BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT NO. 350 DECATUR, ALABAMA

Postage will be paid by addressee



# Decatur General

P.O. Box 2239  
Decatur, Alabama 35609-2239

(FOLD HERE)

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

*Welcome to Decatur General.*

*It is our goal to make your hospital stay as pleasant as possible. This pre-admission is part of our effort to reduce delays in your admission process.*

*Please feel free to ask us any questions. Your physician orders every treatment we give and it is our desire to carry out his orders to their fullest extent.*

*If you have any questions about your admission or the hospital's financial requirements, please call our Admission Center at 341-2551.*

*We appreciate you choosing Decatur General for your healthcare needs. At Decatur General, we strive to provide our patients with the highest quality care and service in a professional and compassionate manner.*

