New Hanover Regional Medical Center

Maternity Pre-Admission Registration

Return to NHRMC Business Center Annex
2001 S. 17th St - Pre-Registration Dept
Wilmington, NC 28402-9000
By Fax: 910-667-4268

Name: _____ _____ _____
(Last Name) (First Name) (Middle Initial)

DOB: _____ MRN#: _____

HAR#: _____ CSN#: _____

Staff use only:
Date Received: _____ /_____ /_____
Date Pre-Admit Completed: _____ /_____ /_____

Physician's Name: _____ Physician's Phone number: _____

Maternity Due Date: _____/_____/_____

Patient Information

Patient Name: Last First Middle Maiden								Home Phone:
Address: Street City State ZIP								County:
Place of Birth: City, State	Date of Birth:	Age:	Sex:	Race:	Marital Status: ☐S ☐M ☐W ☐D	Religious Preference:		Social Security Number: -- --
Employer:	Occupation:							How Long?:
Employment Status: Full time ☐ Part time ☐ Unemp ☐	Employer's Address:							Work number:
Name of Spouse: (Responsible Parent or Guardian, if Patient is a Minor)								Social Security Number: -- --
Address: Street City State ZIP								Home phone:
Employer:	Occupation:							How Long?:
Employment Status: Full time ☐ Part time ☐ Unemp ☐	Employer's Address:							Work number:
Emergency Contact:	Relationship to Patient?:	Address:						Phone number:
Emergency Contact:	Relationship to Patient?:	Address:						Phone number:

Do you currently have a child who receives care from a local physician? ☐ Yes ☐ No If yes, list local physician:

Do you plan to add the newborn as a dependant to existing family coverage? ☐ Yes ☐ No If yes, list insurance company:

Insurance Information

Name of Primary Insurance Company:	Policy Holder's Name:			Policy Holder Date of Birth:
Certificate or Policy ID Number:	Group Number:	Insurance Company Phone Number:		
Address to Send Hospital Claims: Street City State ZIP				

Name of Secondary Insurance Company:	Policy Holder's Name:			Policy Holder Date of Birth:
Certificate or Policy ID Number:	Group Number:	Insurance Company Phone Number:		
Address to Send Hospital Claims: Street City State ZIP				

To assist us in processing your pre-admission papers and filing any insurance after your hospital stay please attach a copy of the front and back of all medical insurance cards. In the event this is not possible, please use the space above to list all phone numbers shown on your insurance card. Thank you.

NHRMC INTERNAL FORM - DO NOT RELEASE

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Financials

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