

Maternity Pre-Admission Information

#1

Please complete this form as soon as possible, upon receiving from your doctor or midwife.

Patient Name: *(print first, last)* Date of Birth: / /

Phone Number: Alternate Phone Numbers:

Mailing Address: *Street Name and Number* *Apartment* *City* *Province* *Postal Code*

Health Card #: Military Regiment/Service Number:

Name of Emergency Contact: *(print first, last)*

Relationship to Patient: Phone Number:

Mailing Address: *Street Name and Number* *Apartment* *City* *Province* *Postal Code*

Family Physician: *(print first, last)* Phone Number:

INSURED RESIDENTS - ALL MATERNITY PATIENTS *rates subject to change without notice

Please select the preferred accommodation of your choice

PRIVATE (1 person/room) \$340.00 per day
 SEMI-PRIVATE (2 people/room) \$280.00 per day
 PRIVATE OR SEMI-PRIVATE (first available) \$340.00 or \$280.00 per day
 WARD (4 people/room) Covered by your Provincial Insurance

INITIALS _____

SELF PAY Signature of Patient Guardian _____ Date / /

If you have Extended Health Insurance, please check with your insurance company to be certain of the coverage offered by your plan. You will be asked to pay for the charges not covered by your insurance on a credit card. Official receipt will be mailed. INITIALS _____

INSURANCE INFORMATION	Primary Insurance	Secondary Insurance
Name of Insurance Company		
Certificate Holder <i>(print first, last)</i>	Relationship to client	Relationship to client
Policy / Group #		
Certificate / ID #		

Visa Mastercard Amex – Card Number: _____ Exp. Date: / CW/CVC: _____

Name On Credit Card: *(print first, last)* Signature: _____ Date: / /

ADDITIONAL INFORMATION REQUIRED Expected Delivery Date: / /

Partner's Name: *(print first, last)* Phone Number:

Obstetrician Name: *(print first, last)* Midwife Name: *(print first, last)*

Delivering Physician Name: *(print first, last)*

While you are in hospital, your baby's admission surname is attached to the mother's surname for safety and security reasons. Should you wish your baby's name to be changed, you may do so when you go online to register the birth with Service Ontario – instructions on how to do this will be given to you after your baby is born.

Once you have completed this form please return by:
FAX: (905) 830-5804 **MAIL:** Prenatal Clinic, Level 4 Central (Birthing Unit), 596 Davis Drive, Newmarket, Ontario L3Y 2P9
EMAIL: PreferredAccommodation@southlake.ca

