

Greetings:

You are soon to be admitted to our hospital and we want to welcome you on behalf of our staff at Palomar Health. We are glad that we can be of service to you and shall do everything we can to make your stay with us as short and as pleasant as possible.

If this is your first experience as a hospital patient, it may be a little while before you become acquainted with, and understand, the routine of the hospital. You may wonder at the necessity for some of the rules and procedures, but there are sound reasons for everything our hospital does – all of them based on experience in the care and treatment of patients.

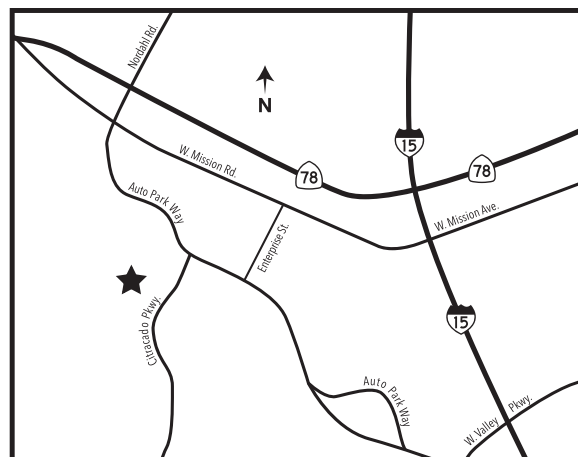
Registration prior to your day of arrival will eliminate, at the time of admission, both the completion of numerous forms and the answering of many necessary questions. **Pre-registration is not only a convenience for you, but also a tremendous help to the hospital.**

Will you please take a moment now and complete the form on the inside page. Please be sure that all questions are answered in full. If you have any questions concerning your admission, please feel free to contact the Admitting Office.

PHONE NUMBER

(442) 281-1285

OB Admitting
2185 Citracado Parkway
Escondido, CA, 92029



IMPORTANT PRE-ADMISSION INFORMATION

RETAIN THIS PART FOR YOUR REFERENCE

You are about to become a V.I.P. (Very Important Patient)

YOUR VITAL STATISTICS:

There are various statistics and background information, required by law, that cause us to ask many questions. Providing medical care is an exacting science and hospital records demand great and accurate detail. These permanent records are completely confidential and may not be made public without your consent.

The information you provide is necessary to those concerned with your care.

YOUR HOSPITAL INSURANCE:

If you are a Group Insurance member, covered by Medicare or MediCal health insurance benefits or covered by an armed forces dependency health program, please bring an identification card with you to the hospital so your benefits can be determined in a timely manner.

Your hospitalization insurance coverage is a contract between you and your insurance company. We will do everything possible to expedite your claim, but you are responsible for your account.

YOUR HOSPITAL BILL:

Your daily hospital service charge includes 24-hour nursing service, all meals and special nourishments. Charges for special services take home medications are additional and will be itemized on your bill.

Professional services including care given by your physician and the anesthesiologist are not included on your hospital bill. You will receive a separate bill for these services. In addition, charges for Professional Interpretations done in Radiology, LAB or EKG Departments will be billed to you separately. Patients not covered by hospital insurance should check with the Admitting Office regarding the current deposit requirements. If financial counseling is needed, please contact the Admitting Office, and they will be glad to assist you.

WHERE AND WHEN TO REPORT:

Your doctor will specify the day he or she wants you to be admitted. Prior to that date, the hospital may call you and give you an appointment time. By coming at your assigned time you will enable us to complete your admission promptly.

WHAT TO BRING:

Essentials such as personal toilet articles, robe and slippers.

Sundries may be purchased from the Gift Shop.

Your hospital cannot assume responsibility for loss of personal articles. It is wise to leave your valuables, such as money and jewelry, at home. If this is inconvenient, please ask to have them placed in the hospital safe.

Because we are responsible for all medication ordered by your doctor while in our hospital we ask you to leave all medications at home.

TO MAKE YOU FEEL "AT HOME" . . .

We will inform your doctor of your arrival and he will have complete charge of your medical care from that moment until you are dismissed from our hospital.

Your mail will be delivered to you each day.

Flowers addressed to you will be delivered promptly.

You will see and know only a few of the many, many people who make up the hospital family. They are constantly at work providing the services necessary for your care, and hastening the day when you will soon be home again.

Is this pregnancy part of a surrogacy? Yes No

Name of Surrogacy Agency: _____

Address: _____ Phone Number: _____

Primary language spoken at home? _____

Do you need an interpreter? Yes No

Email address: _____

Please include a copy of your insurance card, front and back, along with your ID.


Have you ever had services at Palomar Health? Yes No

Medical Group / Clinic	Expected Date of Delivery
OB Doctor / Midwife	Primary Care Physician
Pediatrician	

Last Name (Patient)		First Name		Middle	Maiden Name
Address		Apt #	City	State	Zip Code
Home Telephone No. ()					
Age	Birthdate	Race	Marital Status	Religion	Occupation <input type="checkbox"/> Part time <input type="checkbox"/> Full time
Social Security No.					
Employer			Telephone No. ()	Ext.	State of Birth
Employer's Address			City	State	Zip Code
Driver's License No./ID					
State					

Spouse / Partner			Date of Birth		Social Security No.
Address		Apt #	City	State	Zip Code
Home Telephone No. ()					
Occupation		Employer			Telephone No. ()
Ext.					
Employer's Address			City	State	Zip Code
Driver's License No./ID					
State					

Relative or friend (other than spouse/partner)					Relationship
Address		Apt #	City	State	Zip Code
Telephone No. ()					

Fill in Appropriate Information: 	<input type="checkbox"/> No Insurance (Check with Hospital)		
	<input type="checkbox"/> Other Insurance		
<input type="checkbox"/> Medi-Cal ID No. _____	Issue Date: _____		
Caseworker Name: _____			
Phone Number: _____			
Name of Insurance Company (primary)	Member ID # or Soc. Sec. No.	Group No.	Subscriber's Name
Address		City	State
		Zip Code	Telephone No. ()
Name of Insurance Company (secondary)	Member ID # or Soc. Sec. No.	Group No.	Subscriber's Name
Address		City	State
		Zip Code	Telephone No. ()

Comments: _____