

OB PRE-ADMIT PACKET

Thank you for choosing Blount Memorial Hospital for the birth of your new child.

Due Date: _____ **OB Physician:** _____ **Primary Care Physician:** _____

Vaginal

C-Section

Tubal

Last Name: _____ **First Name:** _____ **Middle Name:** _____

DOB: _____ SS#: _____ Race: _____

Marital Status: _____ Maiden Name: _____

Address: _____ State: _____ Zip: _____

Mailing Address: _____ State: _____ Zip: _____

Phone #: _____ Alt #: _____

Would you like to participate in the Patient Portal – secure access to your Health Information at any time.

If so, Please provide us your E-mail address: _____

Employer: _____ **Work # and Ext:** _____

Address: _____ State: _____ Zip: _____

Occupation: _____

Spouse Name: _____ **Phone/Cell #:** _____

DOB: _____ SS#: _____

Employer: _____ **Work # and Ext:** _____

Address: _____ State: _____ Zip: _____

Occupation: _____ **(continue on back)**

Emergency Contact Other than Spouse: _____

DOB: _____

Phone #: _____

Relationship: _____

Insurance Information:

Primary Insurance: _____

Phone # On Card: _____

Subscriber Name: _____

ID #: _____

Group #: _____

Mailing Address: _____

State: _____

Zip: _____

Secondary Insurance: _____

Phone # On Card: _____

Subscriber Name: _____

ID #: _____

Group #: _____

Mailing Address: _____

State: _____

Zip: _____

What insurance do we need to be bill for your newborn: _____

To insure coverage for your child, your Human Resource Department/ Insurance Company has to be notified after you have given birth to your child.

Please Pre- Admit at least 30 days prior to delivery. The packet may be dropped off at the Outpatient Registration office located on the first floor of the hospital Monday- Friday 6am until 6pm , Saturday 6am to 2pm. Or you may mail the packet to:

Admissions Department
Blount Memorial Hospital
907 E. Lamar Alexander Pkwy.
Maryville, Tenn. 37804

Please provide a copy of your insurance card. You will be receiving a call from a Eligibility Coordinator regarding your benefits. All co-pays and deductibles will need to be paid prior to delivery. Any change in information provided will need to be called to the Coordinator to update your information: 865-980-4960.

Revised 03/14/19