

Providence Medical Center Saint John Hospital

Patient Pre-Registration

* indicates a required field

In order to ensure proper processing, please pre-register at least 48 hours, or two full days, before your scheduled check-in date. If your information is incomplete or needs clarification, our staff may need to complete the registration when you arrive. Thank you for choosing a SCLHS facility.

Visit Information

*Which facility will you be coming to? Providence Medical Center _____
Saint John Hospital _____

*Reason for your visit to the hospital (i.e. x-ray, lab, surgery, etc) _____

*Date of Scheduled Appointment _____

*Patient Name _____
Last Name First Name Initial

*Street Address _____

*City _____ State/Zip _____

*County _____

*Birthdate _____ *Sex: _____ Male _____ Female

*Social Security # _____

*Phone _____

Religious Preference _____

* Marital Status: _____ Single _____ Married _____ Divorced _____ Widowed

*Race _____ Publicity _____ Yes or _____ No

Maiden name _____ Emergency Contact _____

*Employer _____
Company name Address Phone #

***Who is financially responsible for payment for the services:**

____ Self ____ Parent/Guardian ____ Workers Comp. ____ Other

Responsible Party if other than self:

Full name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Birth Date _____ Social Security # _____

Employer _____

***Insurance Information**

Primary Insurance Plan Name _____

Policy # _____ Group # _____

Policy Holder _____ Policy Holders Birth Date _____

Insurance Address _____

Insurance Phone # _____ HMO/EPO ____ PPO ____ POS ____

Secondary Insurance Plan Name _____

Policy # _____ Group # _____

Policy Holder _____ Policy Holders Birth Date _____

Insurance Address _____

Insurance Phone # _____ HMO/EPO ____ PPO ____ POS ____

***Physician Information**

Primary Care Physician _____ Phone # _____

Referring Physician _____ Phone # _____

After completing this form, please fax it to 913-596-4801.

You can also bring the form in with you when you come to Providence or Saint John.

If you have any questions, you can call **913-596-5192 or 913-596-5107**