

Pre-Registration Form for Expecting Moms (This is not part of your nursing assessment)

Please complete form (using ball-point pen), place in envelope and mail to:

ATT: OB Admissions - 7th Floor
WellStar Atlanta Medical Center
303 Parkway Drive, N.E.
Atlanta, Georgia 30312

Please pre-register online at
www.atlantamedcenter.com - click on
"Our Services" then "On Line Service" then
"Hospital Pre-registration." Or you may fax this
application to Patient Access at 404-265- 0329
and call 404-265-4183 to pre-register

Patient Information

Expected Due Date: _____

Doctor: BRADFORD BOOTS TAYLOR

Name: _____ Social Security Number: _____

Date of Birth: _____ Religion: _____

Race: _____ Marital Status: Married Single Divorced Separated

Home Address: _____ APT #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone #: _____

Employment Status: FT PT Not Employed Disabled Retired Student

Employer's Name: _____

Address: _____ City/State: _____

Zip Code: _____ Work Phone #: _____

Spouse or Nearest Relative Information

Name: _____ Relationship to Patient: _____

Home Address: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

If insurance coverage is through spouse or nearest relative, please complete this information:

Employer's Name: _____ Spouse/Nearest Relative SS#: _____

Employer's Address: _____

Employment Status: FT PT Not Employed Disabled Retired Student

Insurance Information (Please use your Insurance Card to complete the information below)

Primary Insurance Company

Name of Insurance: _____ PPO HMO Effective Date: _____

Name on Insurance Card: _____ Relationship: _____

Claims Address: _____ Zip Code: _____

Policy/ID# : _____ Group#: _____ Group Name: _____

Phone #: _____ Phone # to Pre-certify: _____

Secondary Insurance Company (if Available)

Name of Insurance: _____ PPO HMO Effective Date: _____

Name on Insurance Card: _____ Relationship: _____

Claims Address: _____ Zip Code: _____

Policy/ID# : _____ Group#: _____ Group Name: _____

Phone #: _____ Phone # to Pre-certify: _____