To complete your hospital pre-registration, please print this form, fill it out and mail it to:
Cape Fear Valley Health System, Attn: Obstetrical Pre-Admission, Post Office Box 2000, Fayetteville, NC 28302-9981.

SS#

CAPE FEAR VALLEY HEALTH SYSTEM
OBSTETRICAL PRE-ADMISSION REGISTRATION

PLEASE TYPE OR PRINT LEGIBLY

Last Name: First Name: Middle Name: Preferred Name: Birthdate:

Address: City: State: Zip Code: Home Telephone:

Race: Marital Status: ___single ___married ___separated ___divorced ___widowed Maiden Name (if applicable): Religious Preference:

Are you an organ donor? Yes_____ No_____ Do you have a living will? Yes_____ No_____ Do you have a healthcare power of attorney? Yes_____ No_____

Employer Name: Employers Street Address: City: State: Zip Code:

Business Phone: Ext: Length of Employment: Occupation: Have you ever been a patient here before? _____Yes _____ No
If yes, please list date and name at time of treatment _____

Spouse's Information or Parent's (if patient is a minor)

Last Name: First Name: MI: Birthdate: Social Security Number:

Address: City: State: Zip Code: Home Telephone:

Employer Name: (Even if Retired) Employers Street Address: City: State: Zip Code:

Business Phone: Extension: Department: Occupation:

In Case of Emergency - Please Notify

Last Name: First Name: Street Address: City/State: Zip Code:

Home Phone: Employers Name: Business Phone: Relationship to Patient:

INSURANCE QUESTIONNAIRE
You may copy the front and back of your Insurance Card(s) instead of completing the information below

1. Insured's Name: Name of Insurance Company: Name of Employer:

Policy, Certificate or Subscriber ID #: Group #: If BCBS please specify type: ☐State Health Plan ☐BC PCP ☐BC PPO ☐BCBS of NC ☐BCBS Federal ☐BCBS Out of State ☐BCBS PPO Select

Street Address of Insurance Company: City/state Zip Code: Telephone Number.

Telephone (to call for benefits): Is Precert Required? ____Yes ____No Telephone Number (To call for Precertification)

2. Insured's Name: Name of Insurance Company: Name of Employer:

Policy, Certificate or Subscriber ID #: Group #: If BCBS please specify type: ☐State Health Plan ☐BC PCP ☐BC PPO ☐BCBS of NC ☐BCBS Federal ☐BCBS Out of State ☐BCBS PPO Select

Street Address of Insurance Company: City/state Zip Code: Telephone Number.

Telephone (to call for benefits): Is Precert Required? ____Yes ____No Telephone Number (To call for Precertification)

For Tricare Patients-Bring Your ID Card and Non-availability Statement

Sponsor Name: Relationship to Patient: Rank: SS# of Sponsor: Is Sponsor Active Duty or Refired?

Effective Date (from ID card)_____ Branch of Service
Expiration Date_____

Tricare Standard _____ Attach Non-Availability Statement
Tricare Prime_____ Auth. # is _____

• PLEASE INDICATE WHICH INSURANCE COVERAGE YOUR BABY WILL BE UNDER: _____

PAYMENT FOR ALL SERVICES PROVIDED MAY BE DUE NO LATER THAN THE TIME OF DISCHARGE. HOWEVER, IF INSURANCE BENEFITS ARE ASSIGNED THE AMOUNT DUE AT THE TIME OF DISCHARGE WILL BE THE DIFFERENCE BETWEEN THE ESTIMATED INSURANCE COVERAGE AND THE TOTAL BILL. IF YOU HAVE NO INSUliANCE COVERAGE OR AGENCY ASSISTANCE, YOU MAY BE REQUIRED TO MAKE A DEPOSIT AT THE TIME OF REGISTRATION. MAJOR CREDIT CARDS MAY BE USED FOR ADVANCE DEPOSIT OR PAYMENT OF BILL.

**IN ORDER TO RECEIVE A COURTESY DISCHARGE, PLEASE INCLUDE YOUR CHECK FOR ANY DEDUCTIBLE OR CO-INSURANCE THAT IS DUE.

General Patient Information

Physician Name: _____ **Expected Delivery Date:** _____ **Twins:** _____ **Triplets:** _____ **Other:** _____

All rooms are private with telephone and TV. Each patient that arrives for admission to the hospital is responsible for presentation of their insurance card, a picture ID and a Social Security Card (if possible). Please remember not to use the ER entrance when arriving at the hospital for delivery The main entrance is open 24 hours a day and security will assist with locating a wheelchair if needed. If you are interested in attending Prepared Childbirth classes, or scheduling a tour of the LDR suites, please call 615-5465 (it is not necessary to schedule a tour if attending Prepared Childbirth classes).