

PRE-REGISTRATION

This visit will be (*check one*): Inpatient Outpatient Not Sure

Admit Date of Service: _____

Date of Delivery: _____

Have you ever been a patient at Beverly Hospital? Yes No

Patient Information

Patient Name: _____ Date of Birth: _____
First Name Middle Initial Last Name

SSN: _____ Sex: M F Primary Language: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____ Best time(s) to reach you: _____

Marital Status: _____ Race: _____ Ethnicity: _____

Place of Birth: _____ Religion: _____

Reason for Visit (Diagnosis): _____

Is this visit related to a work/auto/other type of injury? Yes No How: _____

Primary Care Dr.'s Name (if applicable): _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Employer: _____ Occupation: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact Information

Next of Kin: _____ Relationship to Patient: _____

Home Phone: _____ Work/Cell Phone: _____

Person to Notify: _____ Relationship to Patient: _____

Home Phone: _____ Work/Cell Phone: _____

Guarantor Information (*Guarantor is required if patient is a minor*)

Guarantor: _____ SSN: _____ Rel. to Pt: _____
First Name Middle Initial Last Name

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Guarantor Employer: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Insurance Information

Primary Insurance: _____ Subscriber Name: _____ Rel. to Pt: _____

Date of Birth: _____ SSN: _____ Policy #: _____

Group Name: _____ Group #: _____ Ins. Co. Phone: _____

2nd Insurance: _____ Subscriber Name: _____ Rel. to Pt: _____

Date of Birth: _____ SSN: _____ Policy #: _____

Group Name: _____ Group #: _____ Ins. Co. Phone: _____

Advance Directive Information

Advance Directive for Health Care: Yes No Living Will: Yes No Power of Attorney: Yes No

Who is proxy Agent: _____ Relationship: _____ Phone: _____

BEVERLY HOSPITAL

309 W. Beverly Blvd., Montebello, CA 90640 (323) 726-1222

Dear Patient,

Prior to your visit to Beverly Hospital, please call the Pre-Admission Representative at (323) 725-4386 to verify your insurance information and your admission date and time. During this call, we will be able to address any questions you might have regarding your scheduled visit.

In addition, please complete the Pre-Registration Form on the reverse side of this letter and return by mail or in person to Beverly Hospital Admitting Department located on the first floor in the Main Lobby entrance to the hospital. Make sure you have your insurance card, driver's license or other form of identification, and medical insurance authorization, if applicable. This information is required to begin preparation of your hospital record. It also expedites the Admission Process for your scheduled visit.

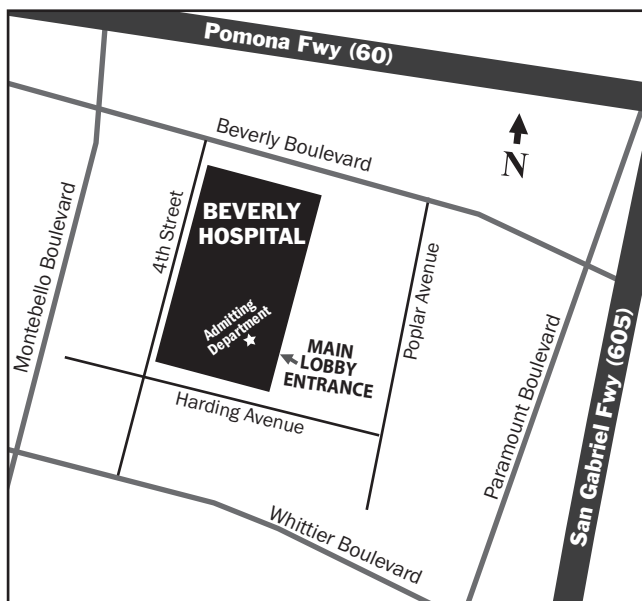
On your day of admission, please do not bring any form of valuables with you.

While you are in our care, our goal is to make your stay as comfortable and pleasant as possible. We appreciate you choosing Beverly Hospital to receive your quality care.

For your convenience, the map below will assist you with directions to Beverly Hospital.

Sincerely,

The Admitting Department



Directions to Beverly Hospital (Harding Avenue Entrance)

Beverly Hospital
309 W. Beverly Blvd.
Montebello, CA 90640

Heading South on 605 Freeway

605 Fwy. South
Exit Beverly Blvd.
Turn right on Beverly Blvd. (West 2.4 miles)
Turn left on Poplar Ave.
Turn right on Harding Ave.

Traveling East on 60 Freeway

From the 60 Fwy. East
Exit Paramount Blvd. (turn right)
Turn right on Montebello Blvd. (South)
Turn left on Beverly Blvd.
Turn right on 4th Street
Turn left on Harding Ave.