

University Medical Center – Downtime Patient Reservation Information

PATIENT INFORMATION

BILLING NUMBER		ROOM/BED			ISOL	SOURCE OF INFORMATION		REGISTRAR	
ADMITTING DATE	ADMITTING TIME	PAT	MEDICAL RECORD NO.	RELIGION				ADM CL/TYPE	
PATIENT NAME				TITLE	SOC. SEC. NO.		PREVIOUSLY ADMITTED TO HMC DATE		
ADDRESS								RESIDENCE CODE	
PHONE NO.		RACE	SEX	MAR. STAT	BIRTH DATE	AGE	APPROXIMATE WT.	APPROXIMATE HT.	
DRUG ALLERGIES									
ADMITTING PHYSICIAN/DENTIST-ATTENDING IN CHARGE			CODE	OTHER PHYSICIAN		CODE	PERSONAL PHYSICIAN		CODE
ADMITTING DIAGNOSIS AND PROCEDURE							SERV. CO.	AUTO ACC.	JOB INJ.
SECONDARY DIAGNOSIS AND PROCEDURE									



INSURANCE INFORMATION

NEXT OF KIN				RELATIONSHIP	HOME PHONE NO.		WORK PHONE NO.		
ADDRESS									
EMERGENCY CONTACT OTHER THAN NEXT OF KIN				RELATIONSHIP	HOME PHONE NO.		WORK PHONE NO.		
EMPLOYER OF PATIENT				ADDRESS				WORK PHONE NO.	
ADMISSION SOURCE		TRANSFERRED FROM							
FORM OF I.D. AVAILABLE/COPIED		INSURANCE CARDS AVAILABLE/COPIED		SELF PAY	DEPOSIT COLLECTED	MED. ASST.	CH CA	I&A	
GUARANTOR NAME							SOC. SEC. NO.		
ADDRESS OF GUARANTOR									
PHONE NO.		RELATIONSHIP TO PATIENT							
PRIMARY INSURANCE PLAN NAME			PLAN NO.	POLICY NO.		GROUP NO.	FINANCIAL CLASS		
NAME OF INSURED				SOC. SEC. NO.		DATE OF BIRTH		RELATIONSHIP TO PATIENT	
EMPLOYER OF PRIMARY INSURED			IF RETIRED, FROM WHERE						
ADDRESS OF PRIMARY INSURED									
SECONDARY INSURANCE PLAN NAME			PLAN NO.	POLICY NO.		GROUP NO.	FINANCIAL CLASS		
NAME OF INSURED				SOC. SEC. NO.		DATE OF BIRTH		RELATIONSHIP TO PATIENT	
EMPLOYER OF SECONDARY INSURED			IF RETIRED, FROM WHERE						
ADDRESS OF SECONDARY INSURED									
TERTIARY INSURANCE PLAN NAME			PLAN NO.	POLICY NO.		GROUP NO.	FINANCIAL CLASS		
NAME OF INSURED				SOC. SEC. NO.		DATE OF BIRTH		RELATIONSHIP TO PATIENT	
EMPLOYER OF TERTIARY INSURED			IF RETIRED, FROM WHERE						

LIFT CHART COPY TO COMPLETE INSURANCE PORTION OF THIS FORM

CHART COPY

★ PLEASE DIRECT PATIENT TO NEXT TESTING AREA.
★ THE LAST TESTING AREA IS RESPONSIBLE FOR FORWARDING THIS CHART