



Mail to:
St. Anthony's Memorial Hospital
Attention: Registration Department
503 N. Maple
Effingham, IL 62401

Patient Label

Hospital Use Only

Labor Pre-Admission Form

Demographic Information for Mother:

Name: _____

Date of Birth: _____ Age: _____ Maiden/Other Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ Phone (O): _____ Marital Status: _____

SSN: _____ Race: _____ Religion/Affiliation: _____

Ethnicity: Hispanic / Non-Hispanic Birth State: _____ Do you want to be a confidential patient? Yes / No

Emp. Status: Full Time / Part Time / Self-Employed / Student / Unemployed / Retired / Active Military Duty

Employer: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Next of Kin: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone(s): _____

Relationship to Patient: _____

Person to Notify: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone(s): _____

Relationship to Patient: _____



Mail to:
St. Anthony's Memorial Hospital
Attention: Registration Department
503 N. Maple
Effingham, IL 62401

Patient Label

Hospital Use Only

Billing and Insurance Information for Mother:

Guarantor: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Rel to Pt: _____

Birthdate: _____ SSN: _____

Employer: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Emp. Status: Full Time / Part Time / Self-Employed / Student / Unemployed / Retired / Active Military Duty

Insurance: _____

Policy/ID #: _____

Subscriber/Policy Holder: _____

Address: _____

City,State,Zip: _____

Phone: _____ Birthdate: _____ Sex: _____

Social Security Number: _____ Relationship To Patient: _____

Effective Date: _____ Group Name: _____ Group Number: _____

Employer: _____ Employment Status: _____

Pre-Cert Phone #: _____

Other Information for Mother:

Physician: _____ Due Date: _____

Please call your insurance company after delivery to verify infant has been added to your health care plan (Some plans only allow a short time frame after birth for infant to be added.)

If infant will be covered by two or more plans, please call all plans to verify coordination of benefits and to determine which is primary. St. Anthony's business office will then need notification of this information.