

**MOUNT NITTANY MEDICAL CENTER
1800 E. PARK AVENUE
STATE COLLEGE, PA 16803
ATTN: PATIENT ACCESS DEPARTMENT
(814) 234-6108**

MATERNITY PRE-ADMISSION FORM

Thank you for choosing The Birthing Center at Mount Nittany Medical Center. This form helps us plan for your admission to the Medical Center. Please provide insurance information so we can bill your insurance company. Please complete this form and return it at least two weeks before your due date. If you have questions, please call (814) 234-6108. Please print clearly.

Date: _____

Patient's Name (Last) (First) (Middle) (Maiden)

Address (Street) (City) (State) (Zip Code)

Date of Birth Home Phone Work Phone Cell Phone

Employer Name Address

Social Security Number: _____

Marital Status: Single Married Divorced Separated

If Married, List Spouse's Name (Last) (First) (Middle)

Expected Due Date ObGyn Doctor

Code Word (See back of this form for explanation)

Race: Black or African American Asian White Declined
 American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander

Additional Race (if applicable): _____

Preferred Spoken Language: English Spanish French Chinese – Mandarin
 Korean German Russian Pennsylvania Dutch
 American Sign

Interpreter Needed: Yes No
Ethnicity: Hispanic or Latino Not Hispanic or Latino Declined

Employer:

Name: _____

Address: _____ Phone Number: _____

Employee Status: _____

Next of Kin:

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Person to Notify:

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Guarantor:

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Social Security #: _____

Employer Address: _____

Employment Status: _____

Subscriber:

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Employment Status: _____

Date of Birth: _____ Social Security #: _____

Insurance Information:

Please copy front and back of insurance card if possible. If card is not available, the following information is needed:

Policy # _____ Group # _____

Admitting Physician Name: _____

Attending Physician Name: _____

Primary Care Physician Name: _____

If More Than One Insurance Policy, List Additional Information Below:

Insurance Company Name	Policy Number	Group Number
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The Medical Center will bill your insurance company for your hospital care. You may need to give your doctor insurance forms to complete. Contact our Business Office at (814) 234-6171 with billing questions.

Are you a Penn State/University Park student? Yes No
Are you a full-time or part-time degree student? Yes No

Print name of person completing this form: _____

For Maternity care, please report directly to Labor and Delivery on the 4th floor.

Code Word

Many times, a patient at the hospital would like their medical information shared with those closest to them such as their grown children, church friends or other family members. Because of patient privacy and safety concerns, it has been impossible for the Medical Center to provide any more than a one-word condition to those who call the Medical Center seeking information about their loved ones. Many people have the same name, birthday and other pertinent identifying information. This also presents a unique challenge to clinical staff trying to connect the patient with their family and friends.

A “code word” is a special word that patients give their family and friends allowing them to call the Medical Center and receive pertinent medical information about you.

How it works:

1. The patient chooses a word. Examples are: “snow cone”, “grandma”, “football”, etc.
2. The code word is recorded in the personal health record of the patient.
3. The patient communicates to their family and friends the code word.
4. Family and friends can call the nurses’ station, provide the code word and patient name. They will be given information about the patient and can talk to the nurse providing care. This will ensure effective communication.
5. You can change the code word at any time during your stay or at subsequent stays.

Patient privacy and safety is of utmost concern. The code word allows you to have control of who receives information about you. It also allows the physician and nursing staff to know that the person inquiring about the care is authorized by the patient to ask questions, receive information and know about your care.