Maternity Pre-Registration Form

Patient Information

Patient's Last Name (as listed on photo ID)	First Legal Name	MI	Date of Birth	Age	Social Security Number	
Street Address		City		State	Zip	Home Phone Number
Marital Status	Do you smoke?	Religious Preference	Name of Church	Official Estimated Delivery Date (NOT date of scheduled procedure)		
Physician/Obstetrician/Gynecologist/(If Nurse Midwife, give sponsoring Dr. Name)			Infant Physician (if known at time registration sent) Must be OPRMC physician*			Primary Care Physician
Patient Employer					Occupation	
Employer Street Address		City		State	Zip	Employer Phone Number

Race (please check the one that most accurately describes your race): ☐ ASIAN/PACIFIC ISLANDER ☐ ASIAN INDIAN ☐ BLACK/AFRICAN AMERICAN ☐ HISPANIC/SPANISH/LATIN ☐ HISPANIC-AFRICAN AMER ANCESTRY ☐ NATIVE AMERICAN/ALASKAN/ALEUT ☐ MULTI-RACIAL ☐ OTHER ☐ UNKNOWN ☐ WHITE/CAUCASIAN ☐ WEST INDIAN

Spouse, Next of Kin or Insurance Cardholder Information (if different than patient)

Last Name	First Legal Name	MI	Date of Birth	Age	Social Security Number	
Street Address (If different than above)		City		State	Zip	Home Phone Number
Spouse/Next of Kin Employer				Occupation		
Employer Street Address		City		State	Zip	Employer Phone Number

Emergency Contact (other than Spouse/Next of Kin)	Home Phone	Work Phone

Insurance Information

Patient Relationship to Primary Insurance Cardholder (circle one)

Self Spouse Other (please specify - parent, guardian, etc.):

Primary Insurance company name	Insurance Address	City	State	Zip

Insurance Phone Number	Policy/Certificate/ID Number	Group Number	Relationship

Secondary Insurance company	Insurance Address	City	State	Zip

Insurance Phone Number	Policy/Certificate/ID Number	Group Number	Relationship

*See "Before Your Baby Arrives - Find a pediatrician or family physician"

REMEMBER:

- Please send a photocopy of all your insurance cards and a copy of your photo ID (driver's license, passport).
- Please remember to add your baby to the appropriate insurance policy after the baby is born.
- **If you anticipate having any difficulty in paying your portion of your hospital expenses, please call the Hospital Business Office**
- **for assistance. For last name A-L call 913-541-5321; M-Z call 913-541-5887.**
- If your envelope is missing you may mail to: **Maternity PreAdmission, Overland Park Regional Medical Center, 10500 Quivira Road, Overland Park, KS 66215** or if you prefer it can be e-mailed to **oprm.babies@hcahealthcare.com.**