



Dear Family Birth Center Patient,

We are excited to meet your new bundle of joy! Vail Health wants to make preparing for your hospital visit easy and stress-free, which is why our insurance verification team is here to assist you in the preparation for your admission.

In order for our staff to anticipate your arrival and speed up the check-in process, please fill out this pre-registration birth form on the following pages and return it to the Vail Health insurance verification department along with a photo copy of your insurance card (front & back) in a timely manner. **You may submit this form in the following ways:**

- **EMAIL:** Submit to InsuranceSupport@VailHealth.org
- **MAIL:** PO Box 40,000 Vail, CO 81658 | Attn: Insurance Verification Department
- **FAX:** Submit to fax number (970) 470-6635

WHAT'S NEXT?

Our Vail Health insurance verification department will contact your insurance company and calculate the estimated patient financial responsibility based on your individual insurance coverage. We will call you approximately 30 days prior to your anticipated arrival date to share this information and discuss any questions you may have. To speak with an insurance verification staff member, call (970) 777-2902 (select *option 4*), Monday - Friday, 8:00 AM - 4:30 PM.

PATIENT INFORMATION

Baby Due Date: _____ Physician Name: _____

Full Legal Patient Name: _____

Date of Birth: _____ Social Security Number: _____

Marital Status: _____ Maiden Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Religious Preference: _____



Occupation: _____

Employer: _____ Business Phone Number: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

EMERGENCY CONTACT

Name: _____ Phone Number: _____

Date of Birth: _____ Social Security Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to Patient: _____

INSURANCE INFORMATION

REQUIRED DOCUMENTATION: A copy of the patient's insurance card (front & back) is required to complete the registration/admission process and must be submitted with this form. Incomplete submissions will NOT be processed.

PRIMARY INSURANCE

Name of Insurance: _____

Name of Policyholder: _____ Policyholder Date of Birth: _____

Policy Identification Number: _____

IMPORTANT: If you plan to add your newborn to an insurance policy, it must be completed within 30 days following the child's birth.

Do you intend on adding your baby to an insurance policy? Yes No

Will you be having a tubal ligation (sterilization) procedure? Yes No