

PATIENT ADMITTING FORM

Welcome to Bayside Community Hospital – we want your admission experience to be positive. By completing the following pre-admission form, you can save time and be better prepared for your visit to our facility.

We require copies of your picture ID (driver's license), as well as the front and back sides of insurance card(s), for every registration.

Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____ Age _____ Gender (M/F) _____ Marital Status _____

Social Security # _____ Driver's License # _____ Race/Ethn _____

Mailing Address _____ City, State, Zip _____

Home # _____ Work/Other # _____

Email/Other Method of Contact _____

Employer _____

Employer Address _____

Employer City, State, Zip _____

Occupation _____ Employer Phone _____

Emergency Contact _____ Relationship _____ Phone _____

INSURANCE INFORMATION

Primary Policy _____ Primary Policy Holder _____

Policy Date of Birth _____ Policy Social Security # _____

Employer _____ Member ID/Group # _____

Secondary Policy _____ Secondary Policy Holder _____

Policy Date of Birth _____ Policy Social Security # _____

Employer _____ Member ID/Group # _____

Nearest Relative _____ Relationship _____

Address, City, Zip _____ Phone _____

Our Admitting & Registration Office is available Monday through Friday, 7:30am to 8:30pm, and Saturdays from 8:00am to 12:00pm. For any questions completing this form, please contact us at (409)-267-3143.