

The Birth Center Holistic Woman's Baby Registration

Date: _____

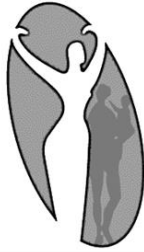
Baby's Information			
Baby's First Name		Middle Initial	Baby's Last Name
Gender F _____ M _____		Date of Birth	Age
Mom's Date of Birth:		* Mothers Full Name:	
Phone:			
Ethnicity – Check One _____ Non Hispanic _____ Hispanic and CHECK ONE BELOW			
_____ African American		_____ Asian	_____ Caucasian
_____ Native American or Native Alaskan		_____ Native Hawaiian or Other Pacific Islander	
Preferred Language _____ English _____ Spanish _____ Other please specify			
Insurance:			
Primary Insurance		ID #	Group #
Policy Holder for Primary Insurance	Date of Birth	SSN	Relationship to Policy Holder
Type: _____ HMO, _____ PPO, _____ EPO, _____ Private, _____ Other		Co-Pay if Applicable \$	
Address of primary policy holders if different from above:			
Secondary Insurance			
Secondary Insurance		ID #	Group #
Policy Holder for Secondary Insurance	Date of Birth	SSN	Relationship to Policy Holder
Type: _____ HMO, _____ PPO, _____ EPO, _____ Private, _____ Other		Co-Pay if Applicable \$	
Address of secondary policy holder if different from above:			

Office use

Insurance Card
Front

Office use

Insurance Card
Back



**The Birth Center
Holistic Woman's Health Care**

I hereby authorize The Birth Center to release any medical or other information that may be necessary for processing claims or that may be needed for my treatment.

Assignment of Insurance Benefits

I hereby authorize direct payment of medical benefits to the nurse midwives at The Birth Center for services rendered. I understand that I am financially responsible for any balance not covered by my insurance.

I understand it is also my responsibility to research with my insurance provider the need for any referrals they may require for my care.

A photocopy of these assignments shall be valid as the original.

PARENT (please print):

SIGNATURE: _____ Date: _____

Medicaid or Medicaid Managed Care (if applicable)

SIGNATURE: _____ Date: _____

Destruction of Medical Records

With the exception of Medical records of minors (individuals under the age of 18 years), Medical records shall be preserved as original records for 7 years after most recent visit, after which time records may be destroyed. Pregnancy records are scanned into the Electronic Health Record system and *Newborn records will be maintained for 21 years.*

SIGNATURE: _____ Date: _____