



Pre-Admission Registration Form

You are responsible for knowing what your insurance policy will cover.
It is strongly recommended that you call your insurance provider prior to admission.

Last Name		First Name		Phone #	Provincial Health Card #		
Address			City	Province	Postal code		
Birthdate DD/MM/YYYY	Age	Religion	Marital Status S/CL/M/D/SEP/W	Former Name			
Family Physician		Attending Physician		Due Date DD/MM/YYYY			
Next of Kin		Relationship	Address		Phone #		
Alternate Contact		Relationship	Address		Phone #		
<u>Accommodation Request</u>				Phone Rental?			
OHIP Covers ward only				Yes No			
WARD	SEMI PRIVATE		PRIVATE		\$5.00 at time of admission		
_____	_____		_____				
OHIP Covers ward only				\$220.00 per day		\$260.00 per day	
Name and Address of Insurance Company - Providing you have Semi Private or Private coverage							
Name of Policy Holder		Employer	Group/Policy #		ID/Certificate #		
Secondary Insurance information if applicable							
Name of Policy Holder		Employer	Group/Policy #		ID/Certificate #		

Date _____ Signature _____ Witness _____

PLEASE RETURN TO QUINTE HEALTH CARE - PATIENT REGISTRATION DEPARTMENT
ANY AMOUNT NOT COVERED BY YOUR INSURANCE COMPANY, YOU WILL ARE RESPONSIBLE FOR.