



**INSURANCE #2 (Secondary):**

Name of Insurance Company \_\_\_\_\_

Address of Insurance Company \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Phone Number (s) \_\_\_\_\_

(pre-certification/authorization) and benefits

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_ Effective Date \_\_\_\_\_

Name of Employer, if Group Insurance \_\_\_\_\_

Name of Person Employed \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Expiration Date (if applicable) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If patient is on Medicare: (secondary to primary insurance)

Name as it appears on the Medicare card \_\_\_\_\_

Policy # \_\_\_\_\_

If retired, date of retirement (required by Medicare): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Does Medicare coverage include Part A? Y or N (circle one) Effective Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Part B? Y or N (circle one) Effective Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SPOUSE/GUARANTOR INFORMATION:**

Name: \_\_\_\_\_ Maiden \_\_\_\_\_  
last first middle

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Home Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PERSON TO NOTIFY:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
last first middle

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**NEXT OF KIN (different address/phone number from above person):**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
last first middle

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**LIVING WILL (ADVANCED DIRECTIVE) INFORMATION:**

Do you have a Living Will? Y or N (circle one)

If yes, is it filed at Hillcrest? Y or N (circle one)

If it is not filed at Hillcrest, can you bring a copy of it at time of registration for service? Y or N (circle one)

Thank you taking the time to complete the pre-registration.

If you are pre-registering by our internet web site, you will be asked to review and verify your information and sign your registration forms upon your arrival at Hillcrest. We look forward to seeing you at Hillcrest.