



Thank you for choosing Baptist Health for your care.
To save you time, we offer the ability to fill out your paperwork prior to your scheduled appointment using the following pre-registration form.

Pre-Registration Form

Appointment Date: _____ Are you an expectant mother?: _____
Hospital: _____
Patient: _____ Birth date: _____
Address: _____ Social Security #: _____
City: _____ State: _____ Zip: _____ Phone: _____
Email Address: _____ Patient's Maiden Name: _____
Employer: _____ Work Phone: _____
Employer address: _____ City: _____ State: _____ Zip: _____
Ordering Physician: _____ Primary Care Physician: _____
Pharmacy?: _____ Accident related?: _____
Reason for visit: _____

Spouse/Parent: _____ Birth date: _____
Address: _____ Social Security #: _____
City: _____ State: _____ Zip: _____ Phone: _____
Email Address: _____
Employer: _____ Work Phone: _____
Employer address: _____ City: _____ State: _____ Zip: _____

Emergency contact: _____ Relationship: _____ Phone: _____

Health Insurance Information

Insurance name: _____
Group Number: _____ Policy ID: _____
Who is the person responsible for the hospital bill? Is it the patient? Yes or No (Circle one)
If no, complete the following:
Name: _____ Birth date: _____
Relationship to the patient: _____
Address: _____ Social Security #: _____
City: _____ State: _____ Zip: _____ Phone: _____
Employer: _____ Phone: _____

Secondary Insurance: _____

Group Number: _____ Policy ID: _____

Who is the person responsible for the hospital bill? Is it the patient? Yes or No (Circle one)

If no, complete the following:

Name: _____ Birth date: _____

Relationship to the patient: _____

Address: _____ Social Security #: _____

City: _____ State: _____ Zip: _____ Phone: _____

Employer: _____ Phone: _____

PLEASE COPY FRONT AND BACK OF ALL INSURANCE CARDS

Authorization, consent and acknowledgement: I agree

Signature: _____ Date: _____

Please take the completed form with you the day of your treatment. Or mail completed form to:
Baptist Health | Attn: Admissions Office | 9601 Baptist Health Dr. | Little Rock, AR 72205