

Patient OB Preadmission Form

Welcome to Orange Coast Medical Center. You have chosen one of the most comprehensive birth centers in Southern California to have your baby. It is our goal to provide a warm, friendly place where your needs for comfort and caring will be met.

For your convenience, any necessary paperwork and insurance verification can be completed well in advance of the day of your delivery. Your preadmission packet includes the following material:

- 1. Patient Guide.** Please read this important guide, which includes patients' rights, advanced directives, and other information you will need to know about your hospital stay.
- 2. Preadmission Form.** Please read and complete the form.
- 3. Conditions of Admission Form.** Please read and sign forms where indicated. Terms and conditions of the agreement evidenced by this form are not binding until you receive care and treatment from the hospital.
- 4. Private Pay (No Insurance)** For cash customers – please contact our Patient Financial Counselor at (714) 378-7973 for further information.

We have enclosed an envelope for you to mail the completed forms back to us. Be sure to include the completed Preadmission Form, the two signed Conditions of Admission Forms and front and back copies of your insurance cards. We accept cash, money order, or credit cards to satisfy your pre-payment requirement.

Payment for services not covered by your insurance, including deductibles and estimated co-insurance payments, is due prior to or at time of discharge. You will be notified of the amount once your insurance coverage has been verified.

Childbirth Center/Check-in Location:

5 a.m. to 8 p.m., Orange Coast Medical Center's Admitting Department
8 p.m. to 5 a.m., Childbirth Center Entrance

What to Bring:

You need a few personal things such as toiletries, bathrobe, slippers, night clothes, and your checkbook or credit card (Visa or Mastercard) to meet the prepayment requirements. For your safety, please leave all personal belongings and electrical items at home. These include hairdryer, curling iron, radio, jewelry, etc.

Smoking:

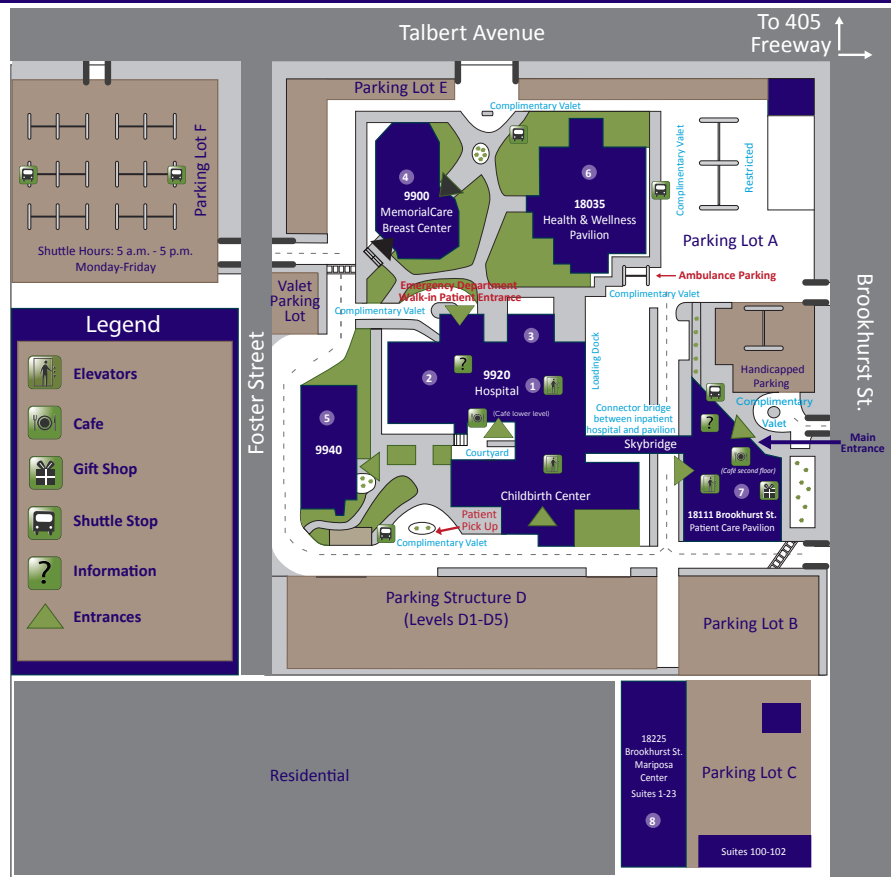
Orange Coast Medical Center is a non-smoking facility.

Visitation and Mask Requirement:

Due to COVID-19, visiting hours vary based on current county status and masks are required at all times when inside our facility. Please check our Website in advance of visiting to make appropriate arrangements. Current visiting hours and restrictions may be found under the FAQ section at memorialcare.org/coronavirus.

If you have any questions concerning your admission, please contact Admitting at (714) 378-7485, Monday through Friday, 8 a.m. to 5:30 p.m. We assure your birthing experience at Orange Coast Medical Center will be comfortable and pleasant. Thank you for choosing Orange Coast Medical Center, a MemorialCare facility.

Find Your Destination



1 9920 Building

Ground Level

- Cafeteria
- South Conference Room
- Medical Records - New Location: Mariposa Building 18225 Brookhurst St., Mariposa, Suite 7

Monday - Friday: 8 a.m. - 4 p.m.

First Floor

- Childbirth Center
- Labor and Delivery
- NICU
- Emergency Department
- Surgical Waiting Area

Childbirth Center Entrance is open 24/7.

Second Floor

- Critical Care Unit
- Oncology Unit
- GI Lab

Third Floor

- Medical Unit
- Surgical Unit
- Telemetry Unit
- MemorialCare Joint Replacement Center

2 Cardiovascular Center

- Annie Capaldi Heart Revitalization Suite
- Cardiac Catheterization Suite

3 Emergency Services

4 9900 Building

- MemorialCare Breast Center
- Conference Room 1A
- Physician Offices

5 9940 Specialty Building

- Miller Children's Pediatric Specialty Clinic
- Physician Offices

6 18035 Building - Health and Wellness Pavilion

First Floor

- Outpatient Pharmacy
- Spine Health Center
- MemorialCare Heart & Vascular Institute
- The Coast Resource Center
- Community Conference Center
- South Coast Conference Room
- Pacific Coast Conference Room
- California Coast Conference Room
- West Coast Conference Room
- Huntington Coast Conference Room
- Physician Specialist Offices

Second Floor

- MemorialCare Medical Group - Physician Offices
- Newport Coast Conference Room

7 18111 Building - Patient Care Pavilion

Ground Level

- Radiation Oncology
- CyberKnife

First Floor

- Admitting/Registration
- MemorialCare Imaging Center
 - Ultrasound
 - MRI
 - CT
 - PET/CT
 - Diagnostic X-ray

Second Floor

- Outpatient Cardiology
 - Cardiology/Nuclear Medicine
 - Cardiac Rehabilitation
- Outpatient Rehabilitation Services
 - Physical Therapy
 - Speech Therapy
 - Cancer Rehabilitation
- Outpatient Lab
- PCP Café
- Physician Offices

Third Floor

- Orange Coast Center for Surgical Care
- Physician Offices

Fourth Floor

- Cancer Services
 - Infusion Therapy Center
 - American Cancer Society Information Center
- Orange Coast Foundation
- Administrative Offices
- Human Resources
- Patient Relations
- Physician Offices

Fifth Floor

- MemorialCare Surgical Weight Loss Center
- Physician Offices

Sixth Floor

- Doheny Eye Institute UCLA
- Physician Offices

8 18225 Building - Mariposa Center

- The Good Life Fitness Classroom, Suite 12
- Medical Records, Suite 7
- Monday - Friday: 8 a.m. - 4 p.m.
- Physician Offices

* Valet is offered as a complimentary service. After the hours of 8:30 p.m., all patients and visitors must enter through the Childbirth Center lobby or Emergency Department lobby.

Obstetrical Preadmission Information

PLEASE PRINT

DATE: _____

EXPECTED DUE DATE _____ LAST MENSTRUAL PERIOD _____ DOCTOR NAME _____

PRIMARY CARE PHYSICIAN (PCP) NAME: _____

Would you like us to notify your PCP when you are admitted? Yes No

Your preferred pharmacy: _____ Location: _____

MULTIPLE BIRTH: YES NO **SURROGATE PREGNANCY: YES NO**

PATIENT'S NAME (LAST, FIRST, MIDDLE) _____ AKA, ALSO KNOWN AS (LAST, FIRST, MIDDLE) _____

PATIENT'S ADDRESS _____ CITY _____ STATE _____ ZIP _____ HOME CELL _____

BIRTHDATE _____ AGE _____ MARITAL STATUS _____ SOCIAL SECURITY NO. _____ MAIDEN NAME _____ RELIGION _____

RACE: WHITE BLACK NATIVE AMERICAN ASIA/INDIA/PACIFIC ISLES ETHNICITY: NON-HISPANIC HISPANIC

DO YOU HAVE A DURABLE POWER OF ATTORNEY? _____

YES NO

EMPLOYER _____

EMPLOYER'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMPLOYER'S PHONE () _____ OCCUPATION _____

EMPLOYMENT FULL TIME PART TIME SELF EMPLOYED ACTIVE MILITARY NOT EMPLOYED FULL-TIME STUDENT

SPOUSE'S OR OTHER RESPONSIBLE PARTY INFORMATION

NAME _____ RELATIONSHIP _____

ADDRESS (if different from patient's) _____ CITY _____ STATE _____ ZIP _____

PHONE () _____ SOCIAL SECURITY NUMBER _____

EMPLOYER _____

EMPLOYER'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMPLOYER'S PHONE () _____ OCCUPATION _____

EMPLOYMENT FULL TIME PART TIME SELF EMPLOYED ACTIVE MILITARY NOT EMPLOYED FULL-TIME STUDENT

PRIMARY INSURANCE INFORMATION

INSURANCE NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE () _____ POLICY # _____ GROUP # _____

SUBSCRIBER NAME _____ RELATIONSHIP _____ BIRTHDATE _____

SECONDARY INSURANCE INFORMATION

OTHER INSURANCE NAME: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE () _____ POLICY # _____ GROUP # _____

SUBSCRIBER NAME _____ RELATIONSHIP _____ BIRTHDATE _____

IS NEWBORN INSURANCE SAME AS PRIMARY IS NEWBORN INSURANCE SAME AS SECONDARY

IN CASE OF EMERGENCY GIVE NAME OF SPOUSE, PARENT, NEAREST RELATIVE OR FRIEND	FULL NAME	RELATION	AREA CODE	HOME PHONE	AREA CODE	CELL PHONE
	ADDRESS		CITY	STATE	ZIP	
	FULL NAME	RELATION	AREA CODE	HOME PHONE	AREA CODE	CELL PHONE
	ADDRESS		CITY	STATE	ZIP	

PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD AND PHOTO ID

PATIENT'S DEDUCTIBLE AND ESTIMATED CO-INSURANCE IS DUE PRIOR TO ADMISSION OR AT TIME OF DISCHARGE. YOU WILL BE NOTIFIED OF THE AMOUNT ONCE YOUR INSURANCE COVERAGE HAS BEEN VERIFIED.

FOR CONVENIENCE, WE ACCEPT CASH, CHECKS, MONEY ORDERS AND CREDIT CARDS.