



MARQUETTE GENERAL HEALTH SYSTEM

580 W. College Ave. – Marquette, Michigan 49855 – 906-228-9440 – Toll free 1-800-562-9753 – www.mgh.org

Thank you in advance for taking the time to provide the Marquette General Health System with the following information. This will allow the Admitting Department to complete your paperwork immediately upon your arrival on the Family Birthing Unit.

I Expectant Mother's Name _____

Date of Birth _____ Social Security Number _____

Address _____

II Religion _____ Allergies _____

III Your Employer _____ Employer's Address _____

Employer's phone _____ Full or part time _____

IV Next of Kin _____ Relationship _____ Phone _____

Address _____ City _____ State _____ Zip _____

(Next of Kin) Employer _____ Address _____

Employer's phone _____ Full or part time _____

V Primary Insurance _____

Policy # _____ Group # _____

Address (on card) _____ Phone _____

Who has policy? _____ SSN# _____

VI Second Insurance (if any) _____

Policy # _____ Group # _____

Address (on card) _____ Phone _____

Who has policy? _____ SSN# _____

VII Will your baby be covered under policy/policies? Yes _____ No _____

If no, is there other insurance? _____

Please remember to add your new baby to all insurances within 30 days of birth!

VIII Family Physician(s) _____

Who referred you to the doctor who will deliver your baby? _____

Who is providing info? _____ Date _____