



DIRECT ADMISSION RESERVATION FORM

To properly and timely admit your patient, it is essential to provide the following information.

If you have any questions or issues, please contact our nursing supervisor at:

561.635.9634 before 12 pm or 561-797-0431 after 12 pm.

Today's Date: _____ Authorization # _____

Admission Date: _____

Type of Admission (check one):

Inpatient Observation

Medical Telemetry

Location: Room # _____

Cardiac Ortho/Surgical OB

Medical Floor Oncology Neuro

PATIENT INFORMATION

Last Name: _____

First Name: _____ MI _____

Date of Birth: _____

Social Security #: _____

Sex: Male Female

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

PHYSICIAN INFORMATION

Admitting Physician: _____

Office Contact Person: _____

Office Phone: _____

Primary Care Physician: _____

Office Contact Person: _____

Office Phone: _____

PATIENT INSURANCE

Insurance Co Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Policy #: _____

Group #: _____

Phone: _____

INSTRUCTIONS:

- Alert Direct Admit by calling 561.635.9634
- Attach most recent labs, including chemotherapy orders for pharmacy, physician notes, and pertinent clinical information for insurance authorizations.
- Complete insurance info on this form or include copy of insurance card.
- FAX all completed forms to 561.798.6049

PATIENT SECONDARY INSURANCE

Insurance Co Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Policy #: _____

Group #: _____

Phone: _____

DIAGNOSIS

Diagnosis(es): 1. _____ 2. _____ 3. _____

Code(s): 1. _____ 2. _____ 3. _____

Allergies: _____ NKDA: _____

Additional Comments: _____

FOR OFFICIAL USE ONLY - To be completed by Palms West Registration Department

FIN #: _____ MRN #: _____

