



*Congratulations on planning to have
We are pleased you have chosen*

Hospital Insurance Coverage

The Insurance Clearance Department will provide information about you and your baby. We ask that you provide information 30 days prior to your expected delivery date.

Be aware that your insurance plan may not cover all hospitalization. If you or your baby are hospitalized, you may be required to pay the balance of the bill. Please notify your insurance carrier prior to admission and notify your insurance carrier of any changes. The Hospital will require you to pay the balance of the bill. For more information regarding your coverage, please contact your insurance carrier's Member Services telephone number.

Please note coverage and benefit information regarding physician and anesthesiologist fees. **bill may be different.**

Within 30 days after your baby's birth, you will receive a bill from your plan. If the birth is not reported to your plan, you may be financially responsible for the bill.

Contact Information

Our office is open Monday – Friday

Telephone #: 646 501 3967

Fax #: 646 754 9572

Email: OBPre Adm@nyumc.org

MOTHER AND BABY QUESTIONNAIRE

OBSTETRICIAN:

Legal Name: _____ DOB: _____ Age: _____

Address: _____

Home Phone: _____

Cell #: _____

Maiden Name: _____

Social Security #: _____

Religion: _____

Marital Status: _____ Email Address: _____

Employer Name: _____

Address: _____

Work Tel. #: _____

Occupation: _____

Legal Name: _____

Social Security #: _____

DOB: _____

Address (if different from above): _____

Employer Name: _____

Address: _____

Work Tel. _____