Bellingham Birth Center

~ Gently Welcoming Babies Since 2004 ~

2430 Cornwall Avenue Bellingham, WA 98225 (360) 752-222 Fax: 752-2228

CLIENT REGISTRATION FORM

PLEASE FILL OUT THIS FORM AND RETURN IT TO YOUR MIDWIFE
IN ORDER TO RESERVE YOUR SPOT AT BBC. WE DO NOT REQUIRE A REGISTRATION FEE.

Midwife's Name: _____
Client's Name: _____Due Date: _____ Birth Date: _____
Address: _____
Mailing Address (if different):_____
Home # : _____ Cell # : _____ Work # : _____
e-mail: _____

Insurance Information

Insurance Co. Name: _____ Insured Name: _____
ID #: _____ Group #:_____
Do You Have Secondary Insurance? _____
Insurance Co. Name: _____ Insured Name: _____
ID #: _____ Group #:_____

Acknowledgement and Insurance Payment Authorization

I certify that the information in this form is correct to the best of my knowledge. I hereby authorize Bellingham Birth Center, Inc to be paid directly by my health insurance company.

Signature of Client: _____ Date:_____

TO BE COMPLETED BY THE MIDWIFE:

Date of first office visit with midwife (Group Health only): _____
Date this form faxed to BBC: _____
THIS MUST BE COMPLETED IN ORDER TO RESERVE A SPACE FOR YOUR CLIENT

TO BE COMPLETED BY BBC:

Date Pre-Authorization Initiated: _____ Authorization #: _____