

Bellingham Birth Center

2430 Cornwall Avenue Bellingham, WA 98225

(360) 752-2229 ~ Fax: (360) 752-2228 ~ bellinghambirthcenter@gmail.com

CLIENT REGISTRATION FORM

PLEASE FILL OUT THIS FORM AND RETURN IT TO YOUR MIDWIFE
IN ORDER TO RESERVE YOUR SPOT AT BBC.
THERE IS NO REGISTRATION FEE.

Midwife's Name: _____
Client's Name: _____ Due Date: _____ Birth Date: _____
Address: _____
City: _____ State: _____ Zip Code: _____
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 to be paid directly by my health insurance company.

Signature of Client: _____ Date: _____

TO BE COMPLETED BY THE MIDWIFE:

Date this form faxed to BBC: _____

TO BE COMPLETED BY BBC for Kaiser and TriCare:

Date Pre-Authorization Obtained: _____ Authorization #: _____

~ Gently Welcoming Babies Since 2004 ~