Congratulations on planning to have
We are pleased you have chos

Hospital Insurance Coverage

The Insurance Clearance Department will provid
maternity admission. The Mother and Baby Que
information about you and your baby. We ask th
days prior to your expected delivery date.

Be aware that your insurance plan
hospitalization. If you or your baby
you prior to admission and notify y
Hospital will require you to pay the
information regarding your coverag
carrier's Member Services telephor

Please note coverage and benefit ir
physician and anesthesiologist fees
bill may be different.

Within 30 days after your baby's bi
your plan. If the birth is not reporte
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.