THE BIRTHING CENTER OF NEW YORK™

Chinatown
128 Mott Street
New York, NY 10013
T: (212) 219-2723

Sunset Park
634 59th Street
Brooklyn NY 11220
T: (718) 567-0730

Bay Ridge
6702 3rd Avenue
Brooklyn NY 11220
T: (929) 888-6996

Downtown Brooklyn
81 Willoughby Street
Brooklyn NY 11201
T: (718) 567-0730

Email: info@nybirthingcenter.com | **Website:** nybirthingcenter.com | **Twitter:** @nybirths | **Facebook:** fb.com/nybirthingcenter | **Fax:** (718) 795-4395

Patient Registration

First Name:		Last Name:	
Social Security Number:		Email:	
Address:		City:	State:
Zip Code:	Home phone:	Work Phone:	Mobile Phone:
Date of Birth:	Ethnicity:	☐ Male ☐ Female	☐ Single ☐ Married ☐ Other
Occupation:		Company Name:	
Emergency Contact:		Phone:	Relationship:

Pharmacy Name:		Address:	
City:	State:	Phone:	

Physician Name:		Address:	
City:	State:	Zip Code:	Phone:

Do you have insurance? ☐ Yes ☐ No

Insurance Company Name:		Insured's Name:	
Insurance ID#		Insured's SSN:	
Insured's DOB:	☐ Male ☐ Female	Relationship to patient	☐ Self ☐ Spouse ☐ Child ☐ Other

Assignment of Insurance Benefits

I hereby authorize direct payment of surgical/medical benefits to The Birthing Center of New York, for services rendered. I am financially responsible for any balance not covered by my insurance. I authorize any holder information about me to release to my health insurance carrier and its agents any information needed to determine these benefits or the benefits payable for related services.

I hereby authorize The Birthing Center of New York to release any medical or incidental information that may be necessary for either medical care or in processing applications for financial benefits

Parent/Guardian (Please Print):	Relationship:
Signature:	Date:

REVISED 05/03/2016