



4567 E 9th Ave
Denver, CO 80220
www.rosemed.com

Phone: 303-320-2798
Fax: 303-320-7026

PRE-REGISTRATION



TO EXPEDITE YOUR ADMISSIONS PROCESS, PLEASE ATTACH A LEGIBLE COPY OF BOTH SIDES OF YOUR INSURANCE CARD(S)

1. Date of Appointment: _____ Type of Service: _____

PATIENT INFORMATION

2. Legal Name: _____ Maiden Name: _____ Marital Status: **S I M I D I W**
Last First M

3. Address: _____ Apt. # _____ County: _____
City: _____ State: _____ Zip Code: _____

Phone #: (H) _____ Alternate Phone #: **(Mobile I Work)** _____ Best time to call: _____

4. Social Security #: _____ - _____ - _____ Date of Birth: _____ Sex: **M I F**

5. Religious Preference: _____ Religious Affiliation: _____

6. Name of Employer: _____

7. Address of Employer: _____ Suite. #: _____
City: _____ State: _____ Zip Code: _____ Employer Phone #: _____

8. Occupation: _____

9. Is this visit related to an accident? **Yes** **No** Date: _____ Time: _____

If yes, please fill out the following information: Type: Home Work Auto Recreation Other

Location: _____

Description of Accident: _____

EMERGENCY CONTACT INFORMATION: SPOUSE/RELATIVE/FRIEND/OTHER

10. Legal Name: _____ Relationship: _____
Last First MI

If different than patient:

Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____

INSURANCE INFORMATION

Primary Insurance

11. Name of Insurance Co.: _____ Phone #: _____

12. Name of Policy Holder: _____ Policy Holder's Social Security #: _____ - _____ - _____

13. Policy #: _____ Group #: _____ Insured's Date of Birth: _____

Secondary Insurance

14. Name of insurance co.: _____ Phone #: _____

15. Name of Policy Holder: _____ Policy Holder's Social Security #: _____ - _____ - _____

16. Policy #: _____ Group #: _____ Insured's Date of Birth: _____

PHYSICIAN INFORMATION

17. Name of Primary Care Physician: _____
Last First MI

18. Name of Attending Physician: _____
Last First MI

19. Name of Other Relevant Physician Specialists: _____
Last First MI

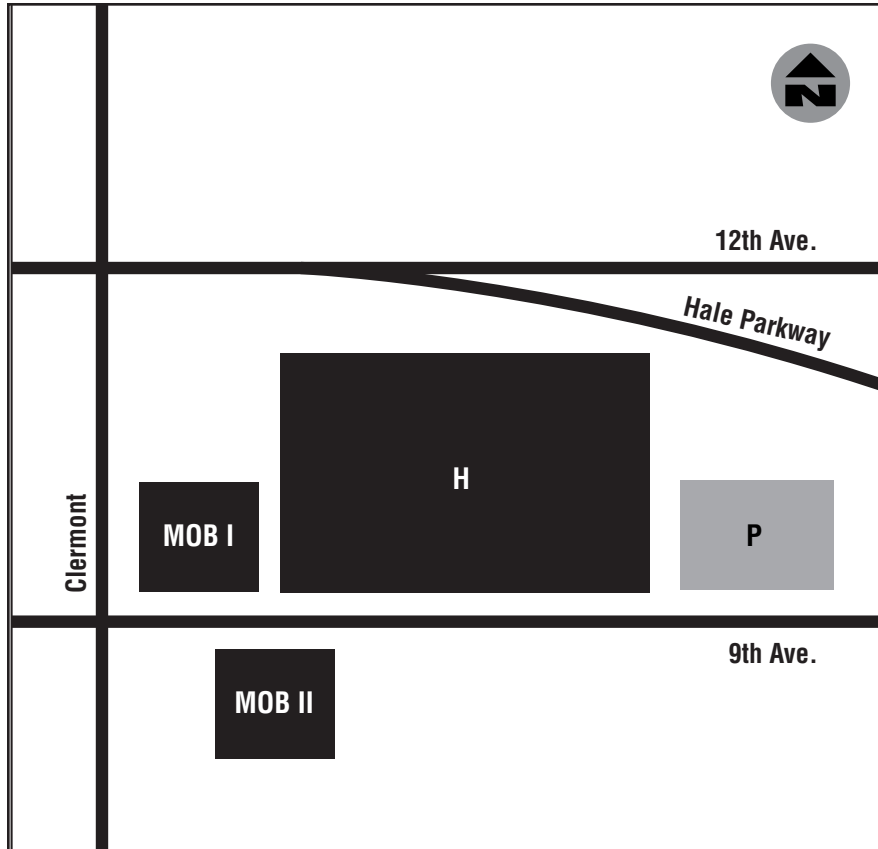
HealthONE may contact me as well as (name): _____ (relationship): _____
to remind me of my appointment time and date.

Please complete this form and return it with a copy of both sides of your insurance card in the envelope provided or fax it to us at 303-320-7026.

After verification of your insurance, you will be contacted regarding your estimated financial responsibility and required deposit.

Please be sure to bring a copy of your insurance card, driver's license and method of payment with you to your appointment.

ROSE MEDICAL CENTER



Rose Medical Center

Directions: Rose Medical Center is located on the corner of Clermont Street and East 9th Avenue about five blocks east of Colorado Boulevard at 4567 E. 9th Avenue. It is adjacent to the University of Colorado Health Sciences Center Campus and just minutes from midtown Denver and the renowned Cherry Creek area.

Parking: The main parking garage is near the hospital's front entrance off 9th Avenue. Parking is also available at Founder's Parking Garage off Hale Parkway between Clermont and Dahlia and on side streets though space is limited and you must feed meters. **Valet Parking** is available at three locations including the circle drive in the hospital's main entrance off 9th Avenue, at the Melvin and Elaine Wolf Ambulatory Surgery Building off Hale Parkway and at the Founder's Building also off Hale Parkway.