



# Direct Admission Reservation Form



1- Call PGH Bed Management at **954-513-4999, 954-513-6676**

2- Please fax this form & Physiican Orders to **954-513-6406**

*Note: Registration needs **30 minutes** to verify insurance*

**Today's Date:** \_\_\_\_\_ **Time Taken:** \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Patient's Tel#: \_\_\_\_\_ Patient's Cell#: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Tel#: \_\_\_\_\_

Admitting Physician:  Self  Emcare  Other: \_\_\_\_\_

Admission Criteria (please circle):                    **INPATIENT**                    **OBSERVATION**

Type of bed: \_\_\_ Med/Sur \_\_\_ Tel \_\_\_ PED \_\_\_ PNU \_\_\_ L&D \_\_\_ GYN

Insurance Plan: \_\_\_\_\_ Insurance Phone: \_\_\_\_\_

Insurance Policy#: \_\_\_\_\_

Authorization# for Admission: \_\_\_\_\_ (if required)

Secondary Plan: \_\_\_\_\_ Insurance Phone: \_\_\_\_\_

Insurance Policy#: \_\_\_\_\_

Authorization# for Admission: \_\_\_\_\_ (if required)

----- **FOR OFFICE USE ONLY** -----

ROOM \_\_\_\_\_ Bed Ready  Yes  No

Admission called in by: \_\_\_\_\_

Registrar who took admission (print name): \_\_\_\_\_

Admission approved by (print name): \_\_\_\_\_