

Highland Midwife Birth Services

PO Box 800 Goldendale WA 98620
 509-250-2072 ph / fax 509-772-2626
 Lorri Carr LM CPM LDM & Rebekah Pierson ARNP FNP CNM

New Patient Insurance Info

PATIENT		PLEASE PRINT CLEARLY IN BLACK INK	
First Name			
Middle Name			
Last Name			
Date of Birth		Social Security #	
Primary Phone		2 nd Phone, Cell / Fax	
Email			
Address, Street & Mail			
Address, City		Address, State, Zip	
LMP (last period)		EDD (due date)	
First Appt w/ Practice		Marital Status	
Emergency Contact		Partner's Name	
Emergency Phone		Partner's Phone	
PRIMARY INSURANCE		SECONDARY INSURANCE	
Insurance Company		Insurance Company	
Name of Insured		Name of Insured	
Policy ID #		Policy ID #	
Group ID #		Group ID #	
Employer / Union		Employer / Union	
Medicaid # and State		Managed Care Plan	
OTHER - FOR OFFICE USE ONLY			
Primary Midwife		Type of Care Given	
Date(s):			

Update of previous info