



Saint Elizabeth Home Pre-Surgical Short-Term Rehabilitation Admission Inquiry

Please complete information below regarding your insurance and upcoming surgery.

☐ **Saint Elizabeth Home**

One Saint Elizabeth Way, East Greenwich, RI 02818

Phone (401) 336-3534 Fax (401) 471-6056

Name _____ Date of Birth _____

Address _____

Phone _____

Contact Person/Phone _____

Primary Insurance Name _____

Primary Insurance Number _____

Secondary Insurance Name _____

Secondary Insurance Number _____

Social Security Number _____

Type of Surgery _____

Date of Surgery _____ Estimated date of discharge _____

Hospital/Surgeon _____

Primary Care Doctor _____

Allergies _____

How did you hear about us? _____

Thank you for your interest in Saint Elizabeth Home. The information you have provided will be used for the purpose of creating your medical chart if a room is available at the time you are discharged from the hospital.

If you are not admitted to Saint Elizabeth Home all information will be destroyed.

Admission Contact

Saint Elizabeth Home: Kathy Parker, Director of Admissions and Care Navigation
401-773-7473
kparker@stelizabethcommunity.org