



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

Please complete information below regarding your insurance and upcoming surgery.

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 Physician _____

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***

Admissions Contacts

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

Veronica Gazeryan, Admissions Coordinator
401-336-3542
vgazeryan@stelizabethcommunity.org