



# UNIVERSITY HOSPITAL ADMISSIONS



**PATIENT/MRN:**

**DATE:**

**ROOM/BED:**

**CLERK:**

Dear Patient / Family Member:

Welcome to the UVa Medical Center.

A representative from the Admission's Office came by to see you today to complete the Hospital Admission process. A representative will continue to make attempts to see you in your room. The Admission's Office is open each day from 8am to 7pm should your family member want to complete this process for you.

Attached please find a Patient and Family Handbook. In the handbook you will find helpful information for your visit to the University of Virginia Medical Center. Please note your rights and responsibilities on Pages 12 and 13. Members of your care team can answer any questions you may have about this information.

**Information needed:**

**Documents left in Patient Handbook:**

\_\_\_\_\_ Demographic information verified.

\_\_\_\_\_ "Your Right to Decide" with Advance Directive Form

\_\_\_\_\_ Insurance information.

\_\_\_\_\_ Medicare Patient Rights.

\_\_\_\_\_ Emergency Contact information.

\_\_\_\_\_ Financial Assistance application.

\_\_\_\_\_ Other: \_\_\_\_\_