

MATERNITY PRE-ADMISSION REGISTRATION HOAG MEMORIAL HOSPITAL PRESBYTERIAN

This form contains important information. Please mail this completed form to Hoag Hospital **immediately**.

***Please staple a front and back copy of each insurance card.**

BIRTHING INFORMATION

LAST MENSTRUAL PERIOD _____	PLANNED C-SECTION <input type="checkbox"/> YES <input type="checkbox"/> NO	# OF BIRTHS EXPECTED _____	IS THIS YOUR FIRST BABY? <input type="checkbox"/> YES <input type="checkbox"/> NO
PEDIATRICIAN'S FULL NAME: _____ THIS DOCTOR MUST HAVE NEWBORN CARE PRIVILEGES AT HOAG HOSPITAL.			

PATIENT INFORMATION

PATIENT FULL NAME		ESTIMATED DUE DATE		PHYSICIAN'S FULL NAME	
DATE OF BIRTH	RACE	PRIMARY LANGUAGE	RELIGION	MARITAL STATUS	SOCIAL SECURITY #
ADDRESS		APT #	CITY / STATE / ZIP CODE		PHONE #
EMAIL ADDRESS:			HOW WOULD YOU LIKE TO BE CONTACTED? <input type="checkbox"/> EMAIL <input type="checkbox"/> CELL <input type="checkbox"/> PHONE		CELL PHONE #
PRIOR VISIT TO HOAG HOSPITAL YES NO		NAME USED AT PRIOR VISIT (IF DIFFERENT)			DRIVER'S LICENSE #
PATIENT EMPLOYER		OCCUPATION		FT / PT	
EMPLOYER ADDRESS		SUITE #	CITY / STATE / ZIP CODE		PHONE #

SPOUSE / PARTNER / NEXT OF KIN

NEXT OF KIN / SPOUSE / PARTNER		IF NOT SPOUSE - RELATIONSHIP TO YOU		DATE OF BIRTH	SOCIAL SECURITY #
NEXT OF KIN ADDRESS		APT #	CITY / STATE / ZIP CODE		PHONE #
					CELL PHONE #
SPOUSE / PARTNER EMPLOYER		OCCUPATION		FT / PT	
EMPLOYER ADDRESS		SUITE #	CITY / STATE / ZIP CODE		PHONE #
NEAREST RELATIVE / FRIEND NOT LIVING WITH PATIENT			RELATIONSHIP TO PATIENT		WORK PHONE #
ADDRESS		APT #	CITY / STATE / ZIP CODE		HOME PHONE #
					CELL PHONE #

INSURANCE INFORMATION

PRIMARY INSURANCE		INSURED / SUBSCRIBER NAME		INSURED / SUBSCRIBER SS #	
INSURANCE ADDRESS / CITY / STATE / ZIP CODE			PHONE #	POLICY # / GROUP #	CERTIFICATE # / ID #
EMPLOYER UNDER THIS INSURANCE		ADDRESS		PHONE #	PRIOR AUTH # IF REQUIRED
SECONDARY INSURANCE		INSURED / SUBSCRIBER NAME		INSURED / SUBSCRIBER SS #	
INSURANCE ADDRESS / CITY / STATE / ZIP CODE			PHONE #	POLICY #	CERTIFICATE # / ID #
EMPLOYER UNDER THIS INSURANCE		ADDRESS		PHONE #	PRIOR AUTH # IF REQUIRED
WILL YOUR BABY BE COVERED UNDER THIS INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, WHICH INSURANCE PLAN _____					

***PLEASE STAPLE A COPY OF EACH OF YOUR INSURANCE CARDS (FRONT & BACK)**

Please Protect Yourself

Your insurance company may require that you obtain pre-authorization for your hospital stay. Please remember to check with your plan prior to your hospital admission.

MATERNITY PRE-ADMISSION AND FINANCIAL INFORMATION

Detach and Save for Your Information

We are delighted that you have selected Hoag Hospital for your delivery. Below is important information regarding your stay at Hoag Hospital.

Your Insurance Coverage

Many insurance companies have made recent policy changes that could limit the benefits they will pay for inpatient services. Please protect yourself, check with your insurance carrier(s) and make sure there are no special requirements such as pre-admission authorization or second opinion. Most insurances require your baby be added to the policy within 30 days of birth. **Please supply a photocopy of each insurance card - front and back when returning this form.**

- Charges will vary greatly depending on your needs and the type of services provided.
- The deposit is an **estimate** of charges only.
- Verified insurance coverage will be accepted in lieu of a deposit.
- If your insurance coverage is less than 80%, you may be asked to pay a deposit based on an estimate of your portion of the bill.
- If unanticipated services are rendered, an additional payment will be required.
- Prices are subject to change without notice.
- We suggest you contact your Customer Service Representative at 949/764-8271 for specific deposit requirements.
- Outstanding balances, copays or deductibles should be satisfied prior to admission.

Maternity Pre-Admission

Pre-admission forms are available at your physician's office, on-line or OB Education at (949) 764-5940. Please complete your pre-admission form and return it to Hoag Hospital **immediately**. *Once this information has been received we will be contacting you to help guide you through your pregnancy and birth.*

Room and Nursing Care*

Your daily care charges include your **single care room** on the Mother Baby Unit, your meals and nursing care only. There are additional charges for your pharmacy, laboratory, central supply and labor/delivery services.

Personal Valuables

The hospital shall not be liable for the loss or damage to any personal property.

Maternity Package*

Hoag Hospital offers a maternity package (maternity package does not apply to high-risk deliveries) exclusively for our patients without insurance. **Full payment is required prior to your admission.** Contact your Customer Service Representative at 949/764-8271 for details and pricing. Our Maternity Package includes your single care room, routine supplies, services and medications only. Based on your individual needs and your physician's orders there will be additional charges for special equipment or services needed.

* You will receive multiple bills. Any bills you receive from your obstetrician, anesthesiologist, pediatrician, neonatologist, pathologist or other specialist involved in the care of you and/or your baby **are separate and not included in the hospital bill.** These charges **are not included** in any prepaid flat fees.

Visiting/Discharge

Visiting hours - LDR - Open Visiting hours, Visitors will be determined at the discretion of Physician and/or Nurse.

Mother Baby Unit - Open Visiting hours, Visitors will be determined at the discretion of Physician and/or Nurse.

Discharge

Discharge time is **before** 11:00 a.m. Patients discharged after 2:00 p.m. may be subject to additional charges. After 6:00 p.m. the full Daily Hospital Service Charge will be applied. It is necessary to have specific discharge hours to insure accommodations for those patients who follow you. The cashier department will contact you if further information is needed upon discharge. Please make sure your infant's car seat is properly installed in the vehicle you will be driving mom and baby home in is in accordance with California law requiring all children to be safely secured.

If you have any questions - please call our office at 949/764-8271.

This Facility Is Legally Obligated To Serve The Community

This health care facility is required by law to make its services available to all people in the community.

- This facility is not allowed to discriminate against a patient because of race, creed, color, national origin, age or disability, or because a patient is covered by a program such as Medicaid or Medicare.
- If this facility provides emergency services, it must not deny those services to a person who needs them but cannot pay for them.

If you believe you have been improperly denied services, contact the Section 504 Coordinator of this facility at 949/764-8220 or call Toll Free 1-800/638-0742 (residents of Arizona, California, Hawaii and Nevada call 415/556-8586 (voice/TDD) for assistance).

Esta Institucion Tiene La Obligacion Legal De Atender A La Comunidad

Esta institución de atención a la salud está obligada, por la ley, a poner sus servicios a disposición de toda la comunidad.

- Esta institución no puede discriminar contra un paciente debido a su raza, credo, color, origen nacional, edad o incapacidad o porque el paciente esté cubierto por un programa tal como Medicaid o Medicare.
- Si esta institución presta servicios de urgencia, no puede negar dichos servicios a quien los necesite y no pueda pagarlos.

Si usted cree que le negaron servicios indebidamente, comuníquese con el Coordinador de la Sección 504 de esta institución, al número 949/764-8220 o llámonos gratuitamente al número 1-800/638-0742 (los residentes de Arizona, California, Hawaii y Nevada deben llamar al 415/556-8586 (voz/TDD) para pedir ayuda).

Your Privacy

Hoag Hospital assures protection of your personal health information under our Privacy Policy and HIPAA requirements.



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One Hoag Drive
Newport Beach, California 92658-6100
Financial Requirements (949) 764-8271
Admissions (949) 764-8275
www.hoag.org