

Your Special Delivery

Pre-Admission Information

Congratulations, your baby is almost here! Our pre-admission program is designed to ensure that your admission is processed smoothly. To avoid delays during your admission, we encourage you to complete this form and return it to us during your eighth month of pregnancy.

Please read all of the following important information. Complete the pre-admission form and send to:

Sacred Heart Medical Center

Attn: Patient Registration

P.O. Box 10905, Eugene, Oregon 97440

You may wish to call ahead of time to confirm your information. **By pre-registering, your admission at the hospital will just be a matter of signing consents.**

You are also welcome to pre-register by phone by calling our Preadmission Office at 686-7166 Monday through Friday from 8:30 a.m.–4:30 p.m. Out of town patients may call toll free at 1-800-288-7444.

TOURS

Tours of our Family Birth Center are offered at least three times a month. A special Expectant Siblings Tour is available to help you prepare your children for the arrival of the new baby. Future big sisters and brothers and their parents attend together. Call 541-222-7074 to register.

WHAT TO BRING TO THE HOSPITAL

For yourself, bring a nightgown and bra (nursing style, if needed), bathrobe and slippers, shower cap, cosmetics and deodorant, writing paper, pens, stamps and clothes that fit during mid-pregnancy. For your baby, bring shirt, gown, sweater, cap, receiving blanket (weight will depend on weather), and a state-approved car seat (may leave in the car until needed.). You may want to bring your own baby clothes for pictures. Also, bring your prenatal records, your insurance card and picture identification, such as a driver's license.



Your Special Delivery (Continued)

VALUABLES

Please leave all jewelry, money, credit cards, and other valuables at home. If you wish, you may retain \$5 in cash. We will ask that any valuables brought to the hospital be taken home by a family member or placed in the hospital safe and withdrawn at the time of your discharge. We cannot be responsible for valuables left at your bedside.

ACCOMMODATIONS

You will be admitted for labor and delivery in one of our private LDR (Labor, Delivery, and Recovery) suites. Mother-baby room assignments are subject to availability.

VISITING

Dads, grandparents, and other family members are welcome any time and we encourage family members to hold and enjoy the new baby. An opportunity to wash hands will be provided. Visiting hours for others are 11 a.m. to 8:30 p.m. Visitors are requested to maintain a quiet environment for other patients and to smoke only in designated areas outside the hospital. Visitors should check at the information desk in the Main Lobby to verify your room number. Free parking is available in the C and S parking garages for visitors. Please see the hospital campus map for location of these parking areas.

WHEN THE TIME COMES

When arriving at the hospital for your special delivery, Please park in the H parking garage under the hospital and take the elevator up to the lobby. Check in at the main desk and an escort will be sent to take you to your room on the Labor & Delivery floor for admitting.

The insert shows more clearly the location of the entrance and parking facilities you will use.

GOING HOME

Our daily check-out time is 11 a.m. A charge equal to one-half the daily semi-private room rate may be assessed if you choose to stay beyond 11 a.m. Please make transportation arrangements in advance of your discharge. Some mothers choose to be discharged six hours after delivery if mother and baby are both stable, and help is available at home. Discuss your plans for an early discharge in advance with your doctor or nurse midwife, and your baby's doctor. You may be picked up at the front of the hospital at the porte-cochere.

OUTPATIENT PARKING

If you will be at Sacred Heart for only a few hours for a one-time test or treatment, please park in the C or S parking garages located at the north end of the RiverBend campus. See campus map for directions.

Your Special Delivery (Continued)

IMPORTANT INSURANCE BENEFIT INFORMATION

Please read the following carefully. It contains information you will need regarding your hospital bill at Sacred Heart and how we can best assist you. If you have any questions, call us at 686-7191.

Insurance

Many insurance companies now have prior-authorization requirements for maternity admissions. Failure to comply may result in your insurance company refusing to pay or reducing payments. We suggest you take the time necessary to check your policy as you are responsible for any payment not covered. **Be sure to notify your physician's office if your insurance company requires prior-authorization.**

Sacred Heart would be glad to verify your coverage and benefits with your insurance company, employer, or union representative. We can help determine your deductible, co-insurance payment, maximum benefit clauses and charges that may not be covered. If coverage cannot be verified, you will be considered a private account at the time of admission. For insurance verification or financial assistance, please call our Patient Financial Representative at 686-7191.

Sacred Heart's billing process is automated. Bills are sent directly to insurance companies or patients. If your insurance company requests a claim form for processing, please fill out the form and send it directly to your insurance company. Our automated billing prevents us from attaching your claim form to the billing.

Medicaid

If receiving Medicaid assistance, please present your eligibility card when coming to Sacred Heart Medical Center. Like most insurance companies, your physician must contact Medicaid and receive authorization before your admission for non-emergency treatment. Any questions regarding billing should be directed to the Medicaid Billing Office at 686-7191. If you are eligible for Medicaid benefits, you may qualify under the Oregon Health Plan. Call 1-800-359-9517 for more information.

Late Penalty

A late penalty on the unpaid balance of your account, commencing 30 days from the date of discharge, will be added to each subsequent monthly statement with a minimum late penalty fee of \$0.50 per month, whether or not you have insurance coverage. You will be advised of the current late penalty rate on admission. You may prepay the full amount at any time without penalty.

Financial Assistance

If you think you may have difficulty paying your bill, you may call the Patient Financial Representative at 686-7191. They will review your financial situation and provide assistance in seeking other benefits to which you may be entitled. Also, special arrangements may be made to assist you in paying your hospital bill.

Notice Of Hill-Burton Compliance:

Sacred Heart Medical Center has met its Hill-Burton Act compliance provision for providing care at no charge or reduced charge.

No further free care or reduced charge will be provided under the provision of the Hill-Burton Act.

Confidential Preregistration Record

MATERNITY ADMISSION

Obstetrical patients are encouraged to pre-register during their 8th month of pregnancy.

To pre-register by phone, call 686-7166.

Insurance companies now require detailed admission information. Taking the time to answer these questions now will save time when you arrive at Sacred Heart. If we can help you in any way, please feel free to call us at 686-7166.

Patient name: _____ Date of birth: ____/____/____

Maiden name: _____ Due date: ____/____/____

Address: _____ Home phone: _____

Ethnicity: _____ Religious preference: _____ Parish/Church: _____

Marital status: Single Married Divorced
 Widowed Separated Domestic Partnership

Social Security number: _____

Occupation: _____ Employer: _____

Work address: _____ Work phone: _____

Employment type: Full Part Not employed Self Retired Veteran: Yes No

OB or Primary Care physician: _____

Spouse/Significant other/ Domestic Partner: _____

Address: _____ Home phone: _____

Employer: _____ Work phone: _____

Work address: _____

Employment type: Full Part Not employed Self Retired

Emergency contact: _____ Relationship: _____

Address: _____

Home phone: _____ Work phone: _____

PERSON FINANCIALLY RESPONSIBLE:

Check if the information is the same as patient:

Name: _____ Relationship: _____

Address: _____

Home phone: _____ Social Security number: _____

Marital status: Single Married Divorced Widowed Separated

Occupation: _____ Employer: _____

Work address: _____ Work phone: _____

Employment type: Full Part Not employed Self Retired

COMMERCIAL INSURANCE:

Insurance company name: _____ Group number: _____

Address: _____ Phone: _____

Member number: _____ Subscriber Social Security number: _____

Subscriber name: _____ Date of birth: ____/____/____

Relationship to patient: _____

Name of employer insurance is through: _____

Are you covered by additional insurance? Yes No

If yes, please attach additional insurance information.

Does your baby have different insurance than you? Yes No

If yes, please attach additional insurance information.

MEDICARE

Claim # _____

Medicare Part A? Yes No Date Part A effective: ____/____/____

Medicare Part B? Yes No Date Part B effective: ____/____/____

Marital status: Single Married Divorced Widowed Separated

Subscriber's name: _____

MEDICAID:

Recipient #: _____ Eligible name: _____

TRIWEST/TRILIFE:

Branch: _____ Active Duty Retired

Valid from: ____/____/____ Thru: ____/____/____ Card ID #: _____

SELF-PAY:

