Sibley Memorial Hospital Admissions Department

5255 Loughboro Rd Washington DC 20016 202-537-4444 T 202-243-2246 F



Sibley Memorial Hospital

Instructions for Completion of the Maternity Pre- Registration Form

Welcome

Thank you for selecting Sibley Memorial Hospital for your hospitalization. Our goal is to provide the best possible service in a courteous, efficient manner and to ensure that your stay is as comfortable as possible.

Once you are scheduled for an inpatient admission, you will be contacted by a representative from our Admissions Department. The purpose of this call is to verify your demographic and insurance information (this process is called preregistration).

If you do not wish to pre-register over the phone, you may follow the instructions below as soon as your procedure is scheduled by you or your physician's office.

Maternity Pre-registration Form

The attached form will allow us to complete most of the admission process including insurance certification prior to your arrival. Most insurance plans require pre-authorization and notification.

- 1. Please print your answers and respond to all questions. We will not be able to process incomplete forms, and you may receive a call from the Admissions Department.
- 2. Your name should match your picture ID as the Federal law {Identity Theft Red Flags and Address Discrepancies under the Fair and Accurate Credit Transactions Act (FACT Act) of 2003} mandates.
- 3. Attach a copy of front and back of your insurance cards for verification.
- 4. You may deliver the form in person, mail or fax, as listed on the form, as soon as possible.
- 5. Please be sure to provide us with your expected date of delivery and the date of your last menstrual period. This is required for pre-authorization.
- 6. Please fax, mail or drop off completed form to the Admissions Department at least one month prior to your Admission.

If you are unable to pre-register ahead of time, you need to allow extra time to complete the registration process when you arrive at the hospital.

Day of your admission

Please bring only the essentials (clothes, glasses, hearing aids, a list of the medications you take, etc.), including your **insurance cards**, and **legal identification**. If you have an Advance Directive for Healthcare, we prefer you bring a copy for your medical record.

Your valuables (money, medications, jewelry) should be left at home. Sibley is not responsible for lost valuables or personal items.

On the day of your admission, report to the Admissions Department located in the main lobby of the hospital. You will be asked to present your picture identification and insurance cards. For your safety, all information will be verified and you will be asked to sign consent forms and receive an armband.

Insurance

If charges for services are not covered by your insurance, they are the responsibility of the patient or his/her representative. You may contact our Financial Counselors prior to your scheduled visit to discuss financial options including our Community Assistance Program. A deposit may be required prior to admission to cover the portion not covered by insurance or if you are self -pay.

Medications

Please bring a list of all medications, including dosage information, administration times and allergies. We ask that you do not bring your medications to the hospital. If you have brought your medications, please send them home or ask our staff to have them sent to our Security Department.

General Information

The main entrance of the hospital is open from 5:30 a.m. to 9:00 p.m. At all other times, you may enter the hospital via the Emergency Department entrance. The visitor/patient parking is available for reasonable rates. In addition, the D6 and M4 Metrobus as well as the Number 23 Ride-On bus offer routes to Sibley.

Telephone Numbers:

Main Hospital Number	202-537-4000
Admissions Department	202-537-4444
Testing Center	202-537-4437
Financial Counselors	202-537-4060/4061
Patient Accounts	202-537-4055
Admissions Fax Number	202-243-2246



SIBLEY MEMORIAL HOSPITAL

For Office Use Only:	
MRUN: Acct. #:	
Registrar:Call Confirmation:	

Maternity Pre-Registration Form

Please <u>print</u> and complete all questions, and include a copy of your legal ID and all insurance cards (front and back).

	Patient's Name (Exactly as it appears on the ID)				Expected Date of Delivery: (mm/dd/yyyy)				
					Expected Date of Delivery: (mm/dd/yyyy)				
	Last Name First Middle			Middle					
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	Full Name of I	Emergency Contact		Relationship	Home Phone		Work Phone		
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	Have you ever	been a patient at Sible	y Memorial Hospital?	□ Yes □ No	If yes, when w	as your last	Under what n	ame?	
					visit?	visit?			
	Last Name		First	Middle	Relationship		Date of Birth	(mm/dd/yyyy)	
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or	Employer Phone Occupation				Employment Status: Not Employed Full Time				
					□ Part Time □ Student □ Retired			Date:	
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	Medicare Number	□ Part A (Hospital Benefit)							
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Insurance Information	Subscriber's Full Name		Subscriber's Soc. Sec. No.		Subscriber's	Date of Bir	rth (mm/dd/yyyy)	□ Female	
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Physician's Information	Physician's Last Name/Group			an's First Name					
Phys Infor	Physician's Address			Physician's Phone Number					
Advance	e Directive								
Do you have an Advance Directive, such as a Living Will or Durable Power of Attorney for Health Care? Yes No Please specify the type: *** If yes, please bring a copy at the time of your admission***									
Self-Pay		og your daniession							
* If insured but your procedure is not covered or verified by your plan, a deposit is required at the time of admission. Please contact the <i>Admissions Department at 202-537-4190</i> for details before your scheduled arrival date.									
* If you do not have insurance, please call our <i>Financial Counselors at 202-537-4160 or 4161</i> before your scheduled arrival date to discuss financial options including our Community Assistance Program which is available based on financial need eligibility.									
Additional Information									
Do you need special accommodations, such as Translation, Visual Aid, etc.?									
*** If yes, please specify so that prior arrangements can be made for the day of your visit. ***									
□ Language Interpreter □ Visual aid □ Other: □ Visual aid □ Other									

Please fax or mail completed form with a copy of your insurance cards (front and back) at least one month prior to your admission.

Mailing address:
Sibley Memorial Hospital
Admissions Department
5255 Loughboro Road, NW
Washington, DC 20016 – 2695

Fax Number: (202) 243-2246

Admission's Phone Number: (202) 537-4190