

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 pre-registration).

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 Counselors202-537-4060/4061
- Patient Accounts 202-537-4055
- Admissions Fax Number.....202-243-2246

Insurance Information	Medicare Number		Patient's name as it appears on Medicare card		Effective Date (mm/dd/yyyy)		<input type="checkbox"/> Part A (Hospital Benefit) <input type="checkbox"/> Part B (Medical Benefit)			
	Medicaid Number		Patient's name as it appears on Medicaid Card		Effective Date		State			
	Secondary Insurance Name				Name of Insured (Exactly as it appears on secondary insurance card)					
	Insurance Billing Address			City		State		Zip		Phone No.
	Policy No. (for BCBS, include 3 letter prefix)		Group No.		Plan Code		State		Effective Date	Expiration Date
	Subscriber's Full Name				Subscriber's Soc. Sec. No.		Subscriber's Date of Birth (mm/dd/yyyy)		<input type="checkbox"/> Female <input type="checkbox"/> Male	
	Subscriber's Employer name (if self-employed, company name)				Relation to Insured		Subscriber's Employment Status: <input type="checkbox"/> Not Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Student <input type="checkbox"/> Retired and Date:			
	Subscriber's Employer Address			City		State		Zip		Phone No.
Physician's Information	Physician's Last Name/Group				Physician's First Name					
	Physician's Address				Physician's Phone Number					
Advance Directive										
Do you have an Advance Directive, such as a Living Will or Durable Power of Attorney for Health Care? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Please specify the type: _____										
*** <i>If yes, please bring a copy at the time of your admission</i> ***										
Self-Pay										
* 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 Admissions Department at 202-537-4190 for details before your scheduled arrival date.										
* If you do not have insurance, please call our Financial Counselors at 202-537-4160 or 4161 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.? <input type="checkbox"/> Yes <input type="checkbox"/> No										
*** If yes, please specify so that prior arrangements can be made for the day of your visit. ***										
<input type="checkbox"/> Language Interpreter _____ <input type="checkbox"/> Sign Language Interpreter <input type="checkbox"/> Visual aid <input type="checkbox"/> 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