

Maternity Pre-Admission Form

Due date: _____
Last menstrual cycle: _____

PATIENT INFORMATION

Last name: _____ First name: _____ MI: _____
Maiden name: _____ Date of birth: _____ SSN: _____
Home phone: _____ Cell phone: _____ E-mail: _____
Mailing address: _____ City: _____ State: _____
Zip code: _____ Race: _____ Marital status: _____ Religion: _____
Employer: _____ Full-time Part-time
OB physician: _____ Primary care physician: _____
Pediatrician: _____
 Would you like to be an organ donor? Yes No
 Have you been seen at another Lovelace facility before? Yes No

EMERGENCY CONTACT (NOT LIVING WITH YOU)

Name: _____
Relationship: _____ Phone Number: _____ - _____ - _____

Spouse/Father of the Baby Information

Last name: _____ First name: _____
SSN: _____ Date of birth: ____/____/____ Phone Number: _____ - _____ - _____

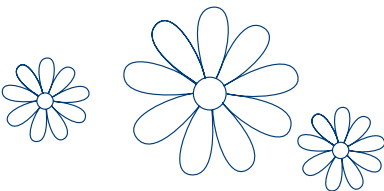
INSURANCE INFORMATION

Would you like baby to be screened for Medicaid coverage? _____
Primary insurance company: _____ Name of policy holder: _____
Date of birth: _____ SSN: _____ Relationship: _____
Group name: _____ Group number: _____
Identification number: _____ Insurance company address: _____
City: _____ State: _____ Zip code: _____ Phone number: _____
Secondary insurance company: _____ Name of policy holder: _____
Date of birth: _____ SSN: _____ Relationship: _____
Group name: _____ Group number: _____
Identification number: _____ Insurance company address: _____
City: _____ State: _____ Zip code: _____ Phone number: _____
 What insurance will newborn be added to? Primary Secondary Other: _____
 Would you like to participate in the National's Children's Study? Yes No (Valencia County Only)

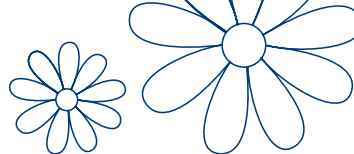
Hospital co-pays, deductibles and co-insurances are due at the time of service.

By signing below, I agree that the information provided to Lovelace is current and accurate.

Signature: _____ Date: _____



Payment Expectations



Our first priority at Lovelace Women's Hospital is to provide excellent care to all of our patients. To maintain our ability to provide excellent care to every patient, the following payment expectations apply for NON-emergency services for both insured and uninsured patients seeking care at Lovelace Women's Hospital.

Lovelace will provide the necessary medical treatment regardless of a patient's in ability to pay in the event of an emergency.

Insured Patients

- Your deductible, co-payment and/or any co-insurance that may apply to your policy is due at the time of service.
 - A deductible is the contracted amount of money a patient must pay before their insurance plan pays the claim.
 - Co-insurance is the percentage you and your insurance plan will pay towards your medical expenses. Once you have paid your deductible, you will pay the remaining contracted percentage for your bill. For example, if your insurance plan is 70/30, your insurance plan would pay 70 percent and you would pay 30 percent of your medical bills after you have paid your deductible.
 - A co-payment is a fixed amount of money you pay each time you use your insurance. Co-payments are paid per visit and are typically smaller amounts.
- If you are scheduled for a NON-emergency medical procedure or service, we may contact you prior to your appointment to provide an estimated amount that will need to be paid for on your appointment date.
- Please note, commercial insurance does not cover 100 percent of medical procedures.

Uninsured Patients

- You will be asked for the full amount of all estimated charges at the time of service.
- Lovelace offers our self-pay patients a 70 percent discount for services. This amount is due at the time of service.
- We provide patients with a cost estimate so they are able make an informed decision before proceeding with requested service or procedure.

Birthing Packages

- We are pleased to offer two special birthing packages to our delivering moms. You must meet the following criteria to be eligible for the packages:
 - Do not have health insurance
 - Do not have coverage with your medical insurance applicable to maternity services
 - Patient must pay the package cost in full 30 days prior to delivery

Financial Assistance

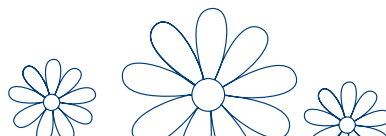
- Our Financial Counselor is available to assist uninsured or underinsured patients who may have difficulty paying for services. This may include a payment plan and/or possible charity assistance for qualified patients and specific visit types. For more information call, 505.727.7829.

Accepted Payment Methods

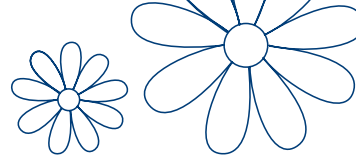
- Cash, checks, debit and credit cards (Visa, MasterCard, and American Express)
- We do not accept Care Credit

Payment Arrangements

- If you are approved for a payment plan, you must comply with the agreed terms. If you fail to comply by missing a payment, your account will be considered delinquent and will be subject to additional collection terms.
 - This may include the inability to schedule appointments with our facility, as well as the referral of your account to an outside collection agency. These actions will most likely impact your credit.



Birthing Packages



At Lovelace Women's Hospital, we are committed to making your visit as pleasant as possible. **We offer two birthing packages for patients who do not have health insurance or maternity benefits with their current insurance plan.**

Vaginal Delivery Plan

Requirements:

- Stay of 48 hours (or less) from the time of admission. This includes observation in triage. Both mom and baby are discharged at the same time.
- Uncomplicated vaginal delivery (a single birth with no intervention).
- This covers the nursery, but not the NICU.
- Full payment of \$3,500 is required 30 days prior to **expected** delivery date.
- Epidurals are an additional \$800 and are required to be paid in full at time of service.

C-Section Delivery Package

Requirements:

- Stay of 96 hours after delivery
- Covers a normal C-section delivery for mom and baby.
- Includes anesthesia.
- Full payment of \$7,300 is required 30 days prior to **expected** delivery date.

These packages do not include fees charged by the physician or false labor charges. Those fees are billed separately and should be handled with the provider prior to delivery.

These packages do not include fees charged for services provided by external providers or labs.

Should complications arise, additional charges will be applied. Payment discounts are available and can be discussed with the financial counselor before discharge.

If the total amount is not paid for prior to the **expected** delivery date, the patient is no longer eligible for the package and may then be responsible for the full itemized bill.

Responsibility Statement:

The birthing package has been fully explained to me and I have a complete understanding. If the criteria above is not met and payment in full is not made with 30 days prior to delivery, the chosen packages will be voided and I will no longer be eligible for the reduced rate. I will still be responsible for payment in full before discharge.

Patient Signature

Date

Patient Name (print)

To begin your payment process, contact the financial counselor at 505.727.7829.

