



 **SOUTH BALDWIN**
REGIONAL MEDICAL CENTER

*Pre-Register Online at
www.southbaldwinrnc.com
If possible, please pre-register by
your 16th week of pregnancy.*

Please complete the Pre-Registration form on other side.
Staple any pertinent information to the form (copy of your insurance card).
Fold along dotted lines and staple or tape to secure.
Please return by your 16th week of pregnancy.

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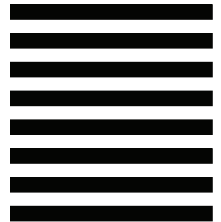
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IN THE
UNITED STATES

BUSINESS REPLY MAIL

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POSTAGE WILL BE PAID BY ADDRESSEE

ATTENTION: PRE-REGISTRATION
SOUTH BALDWIN REGIONAL MEDICAL CENTER
1613 N MCKENZIE ST
FOLEY AL 36535-9916



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South Baldwin Regional Medical Center

Pre-Registration *for Mother and Baby*

Pre-Register Online at
www.southbaldwinmc.com
If possible, please pre-register by
your 16th week of pregnancy.

At South Baldwin Women's and Children's Center, we want to make your stay with us as comfortable as possible. That starts with a smooth, easy admission process when you are ready to deliver.

Suggested checklist for your hospital stay:

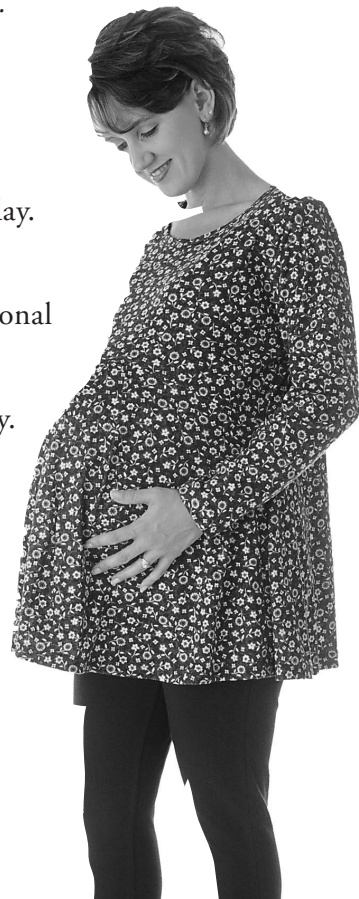
- Insurance Information
- List of friends and families' phone numbers
- Labor Helpers - tennis ball for massaging back, heavy socks, hairbrush, snack for dad
- Camera
- Magazines/books
- Gown/robe (hospital gowns will also be provided)
- Toiletries and grooming essentials
- Going home outfits for you and baby
- Receiving blanket
- Infant car seat

By completing the following information and returning it to us around your 16th week of pregnancy, we can have your registration taken care of well before your due date.

This means you'll have one less thing to think about when planning for your special day.

We thank you for choosing South Baldwin Regional Women's and Children's Center for your delivery.

We look forward to making your birthing experience as special as the little one on the way.



Hospital Insurances

For your convenience, South Baldwin Regional Medical Center participates with most insurance carriers. By completing the pre-registration information and returning to us around your 16th week of pregnancy, we can verify important eligibility information and prior authorization requirements. Confirmation of receipt of your pre-registration form will be made within seven to 10 days. If you do not receive confirmation during this time frame, please call 949-3400.

- Additional forms, required by some insurance companies prior to processing of claims are the responsibility of the patient. We will be happy to help you in completing these forms at any time, however, it is best if they are presented at time of pre-registration.
- Your physician is familiar with your medical history and should ultimately obtain prior authorization for delivery. However, we will work with your physician's office to insure proper authorization from your insurance provider as necessary.
- When two or more group hospitalization policies are presented, we will accept multiple assignments of benefits.
- Medical expenses not covered by an insurance provider/policy will remain the responsibility of the patient.
- With proper authorization, South Baldwin Regional Medical Center will release medical and supporting documentation as compiled in the medical record during this admission for purposes of benefit payment.



1613 North McKenzie Street
Foley, Alabama, 36535
251-949-3400
www.southbaldwinrmc.com

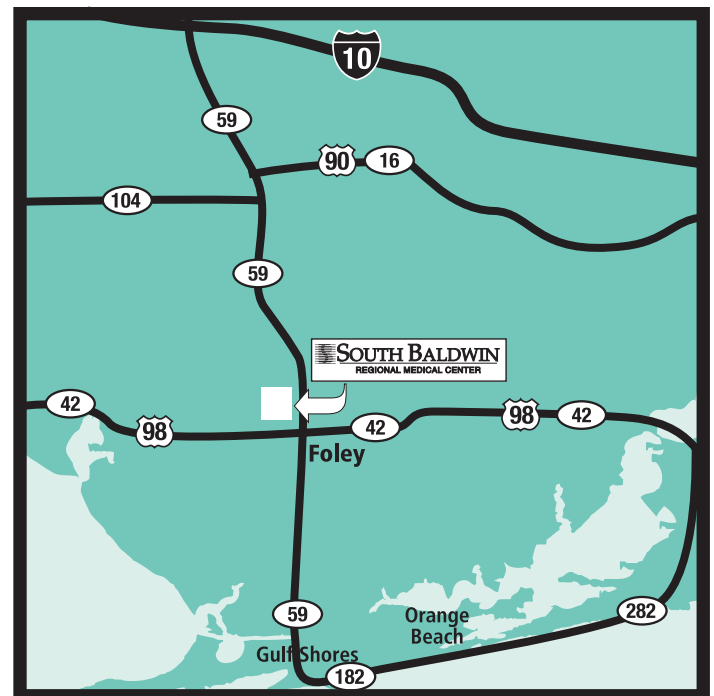
Prepared Childbirth Classes

At South Baldwin Regional Women's and Children's Center we feel that education is an integral part of your pregnancy. We offer several educational classes including newborn, sibling, breastfeeding and prepared childbirth classes. Prepared Childbirth Class is a four-week course that provides participants with knowledge of the stages of labor, birth, hospital procedures, the different types of anesthesia, relaxation skills and comfort measures. The information provided will help you make better, more informed decisions regarding your birth experience.

A tour of the Maternity Center is included in the class. A class schedule is enclosed in this packet of information. For more information or to register for a class, please call 251-949-3676. All Childbirth Classes are located on the South Baldwin Regional Medical Center Campus.

Professional Service Fees

South Baldwin Regional Medical Center will take care of processing your hospital fees for billing and payment. Charges for professional services such as your obstetrician, anesthesiologist, radiologist, pathologist and pediatrician are separate from hospital charges and will be billed by each individual physician.



South Baldwin Regional Medical Center Pre-Registration for Mother and Baby

Mother's Due Date: _____ OB Physician: _____ Pediatrician: _____

Mother-To-Be Information:

Last Name: _____ First Name: _____ Middle Initial: _____ Maiden Name: _____ Birth date: _____ Age: _____
Address: (street, city, zip) _____
Home Phone Number: _____ Social Security #: _____
Occupation: _____ Employer: _____
Employer Address: _____ Employer Phone Number: _____

Spouse Information:

Last Name: _____ First Name: _____ Social Security #: _____
Occupation: _____ Employer: _____
Employer Address: _____ Employer Phone Number: _____

Responsible Person: (Person responsible for any payment due)

Last Name: _____ First Name: _____
Address: (street, city, zip) _____
Phone Number: (h) _____ (w) _____ Relation to Mother-to-be: _____
Employer: _____ Employer Address: _____

Other Guarantor (Insurance Card Holder) (Person responsible for any payment due)

Last Name: _____ First Name: _____
Address: (street, city, zip) _____
Phone Number: (h) _____ (w) _____ Relation to Mother-to-be: _____
Employer: _____ Employer Address: _____

Emergency Contact: (Other than spouse or responsible person)

Last Name: _____ First Name: _____
Address: (street, city, zip) _____
Phone Number: (h) _____ (w) _____ Relation to Mother-to-be: _____
Employer: _____ Employer Address: _____

Insurance Information: (Please attach a copy of both sides of your insurance card)

Primary Insurance Carrier: _____
Address on card: _____
Name on Insurance Card: _____
Company Issuing Card: _____
Effective Date: _____ Contract #: _____ Group #: _____
Pre-certification Phone Number: _____ (if required for admittance)
Insurance Company Phone Number: _____

Secondary Insurance Carrier: _____
Address on card: _____
Name on Insurance Card: _____
Company Issuing Card: _____
Effective Date: _____ Contract #: _____ Group #: _____
Pre-certification Phone Number: _____ (if required for admittance)
Insurance Company Phone Number: _____

Additional Information: _____

Do you have a Living Will? If so, please attach a copy to this form.

If you have any questions or if you wish to pre-register over the phone, please call us at **251-949-3406**.

You may also pre-register online at www.southbaldwinrmc.com. Click on Pre-Registration.