

STORK EXPRESS REGISTRATION

We look forward to making your baby's arrival a memorable experience!

This is an exciting time for you and the last thing we want is for you to worry about the paperwork that needs to be completed when you are ready to be admitted into the hospital.

By using Stork Express, we can pre-register you ahead of time for the delivery of your baby.

Once your information has been processed you will receive a Stork Express Pass to keep in your purse. Give this pass to Admitting, they will ask you a few short questions to determine your care needs and you will be on your way.

Thank you for choosing our hospital! We are honored to be a part of your birthing experience. Our unit design is five Labor & Delivery rooms, ten Postpartum rooms and our Nursery. We opened our C-section Suite and Recovery room in 2006 to provide high quality and safe care for you and your baby.

We encourage family involvement and support your birth plans. We look forward to being a part of your memorable birthing experience.

SAMARITAN HOSPITAL
801 E. Wheeler Road in Moses Lake, Washington
phone: (509) 765-5606 fax: (509) 764-3218

REQUIREMENTS

Please fill out the registration form and bring it to the Front Admission Office at Samaritan Hospital. Bring your photo identification and insurance cards with you.

If you mail or fax the registration, please include a copy of the front and back of your insurance cards and your photo i.d.

Your co-payment is required prior to your delivery date. You can pay with a check, cash or credit card.

If you have concerns about your medical expenses we can set up a payment plan and provide you with DSHS and Uncompensated Care applications.

COME VISIT

Expectant parents and family are welcome to schedule a tour of our Mother Baby Unit at any time. Please call us to schedule at (509) 793-9750.

SamaritanHealthcare.com



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WHAT TO EXPECT

MOTHER BABY UNIT

Excellent Care Is Our Priority.

Thank you for choosing Samaritan Hospital for the birth of your baby! Our goal is to provide the highest quality and safe care while assisting you with making the birth of your baby special and memorable. You play a vital role in your care by becoming an active, involved and informed member of our healthcare team.

- Share your birth plans and preferences with us.
- Ask questions if you have concerns or have been given information that you do not understand.
- Please share feedback with us when you receive your hospital survey after discharge. This feedback assists us with making improvements, but also lets us know that we are doing well.

Childbirth Classes

Please call (509) 793-9690 to register for childbirth classes. We provide classes here at Samaritan taught by an experienced labor and delivery staff.

Anesthesia Service

We provide 24 hour anesthesia service for epidurals and cesarean sections.

Hospital Hospitality

Food Services: The Overlook Café is located on the 1st floor and is open daily.

Coffee: Open Monday-Friday 6:00 a.m.-2:00 p.m. in the hospital lobby on the 1st floor.

Gifts: Well Wishes Gift Shop, located on the 1st floor is open Monday-Friday. Run by volunteers with all proceeds benefitting Samaritan Hospital Foundation. They have a wonderful selection of baby gifts, cards, candy and fresh flowers.

Visitors: If visiting after 8:30 p.m. please enter the building through the Emergency Department entrance to sign in and fill out a name badge.

Your Baby's Hospital Stay: Be Informed

APGAR: Your baby's health is scored at birth, and again five minutes after birth, using an Apgar scoring method of 1-10, 10 being a perfect score. Apgar is an acronym for Activity, Pulse, Grimace, Appearance and Respiration. Registered nurses assess the baby's heart rate, respiration rate, color and other factors.

Genetic Screen: Washington State mandates that all newborns be tested for metabolic disorders. This is a very small blood specimen obtained from your baby's heel prior to discharge. Washington tests for 10 different metabolic disorders.

Hearing Screen: We do a quick and painless hearing screen prior to discharge. If your baby does not pass, we will have you return in two weeks to repeat the test. This is a screening only and is not diagnostic of hearing loss. Further diagnostic tests would be discussed with your doctor if your baby does not pass the repeated hearing screen at two weeks.

Medications:

- **Antibiotic Ointment:** An ointment is placed in your baby's eyes shortly after birth to treat any bacteria present in the eyes that could lead to blindness. Law requires this preventative step.
- **Vitamin K:** Your baby receives an injection of Vitamin K shortly after birth to help the blood clot properly.
- **Hepatitis B:** Your baby will have his/her first Hepatitis B vaccine while in the hospital. Discuss the need for all immunizations with your pediatrician or pediatric nurse practitioner.

STORK EXPRESS REGISTRATION FORM

Estimated Due Date		Is your delivery a scheduled C-Section?	YES	NO
Attending Physician		Attending Pediatrician		

PATIENT INFORMATION				
Patient's Full Legal Name (As Shown on your I.D. or Driver's License)		Date of Birth (MM/DD/YY)		Age
Home Street Address		City/State	Zip Code	Phone with Area Code ()
				Cell Phone with Area Code ()
Mailing Address if different from above	City/State	Zip Code		Marital Status
Email		Alternate Email		Religious Preference
Employer	Occupation	Employer's Address		Employer's Phone Number ()
Have you ever been a patient here before? Yes/No Approx Date _____		Social Security Number		Family Physician

SPOUSE/SIGNIFICANT OTHER INFORMATION		
Husband/Significant Other's Name	Date of Birth	Social Security Number
Husband/Significant Other's Address if different than patient	Phone with Area Code ()	Cell Phone with Area Code ()

EMERGENCY CONTACT INFORMATION			
Primary Contact	Relationship	Address	Phone/Cell ()
Secondary Contact	Relationship	Address	Phone/Cell ()

INSURANCE INFORMATION			
Please include a photocopy of the front and back of your insurance card(s) and photo identification if mailing or faxing this form to the hospital. Call the Admitting Office at (509) 765-5606 if you need assistance completing this form.			
Primary Insurance	Name of Subscriber	Group policy holder (Employer)	Patient relationship to subscriber
	Name of Carrier (insurance company)	Address	
	Type of Policy Group/Individual	Policy number	Group Number
Secondary Insurance	Name of Subscriber	Group policy holder (Employer)	Patient relationship to subscriber
	Name of Carrier (insurance company)	Address	
	Type of Policy Group/Individual	Policy number	Group Number
Medicaid	Name as listed on Medicaid Card	Identification Number	Effective date of maternity coverage

OTHER INFORMATION									
When you are admitted to the hospital, if anyone calls or comes to visit can we acknowledge that you are here?								YES	NO
Do you have:	Living Will?	YES	NO	Durable Power of Attorney (for Healthcare)	YES	NO	Organ Donor Card?	YES	NO

Return this form by fax: (509) 764-3218

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