

Important Information For Your Hospital Stay

Arriving at the Hospital

Upon your arrival, please enter through the main hospital entrance weekdays from 6 a.m. - 9 p.m. and proceed directly to the Labor and Delivery unit on the third floor. After these hours and on weekends, or if you feel it may be an emergency situation, please enter through the Emergency Department.

Note: Valet services are available at the main entrance Monday through Friday from 5:30 a.m. - 6 p.m.

- **Monday - Friday between 6 a.m. - 9 p.m.:** Enter the hospital through the main entrance and proceed directly to the Labor and Delivery unit on the third floor
- **Monday through Friday between 9 p.m. - 6 a.m.:** Enter through the Emergency Department
- **Saturday and Sunday:** Enter through the Emergency Department
- **In an emergency:** Enter through the Emergency Department

What to Bring

When you arrive at the hospital, you should bring:

- Your photo ID
- Your insurance card
- Form of payment for any patient financial responsibility (i.e. copay, coinsurance, deductible)
- The name and phone number of your baby's pediatrician

Other optional items to bring that may make your stay more comfortable include:

- Extra pillows
- A robe
- Comfortable nightgown or pajamas
- Socks or slippers
- Underwear and nursing bra
- Toiletries, such as shampoo, brush, deodorant, toothbrush, toothpaste, cosmetics, etc.
- CD or mp3 music player
- Magazines or books
- Clothing and blankets for your baby to wear home from the hospital
- Loose clothing for you to wear home from the hospital

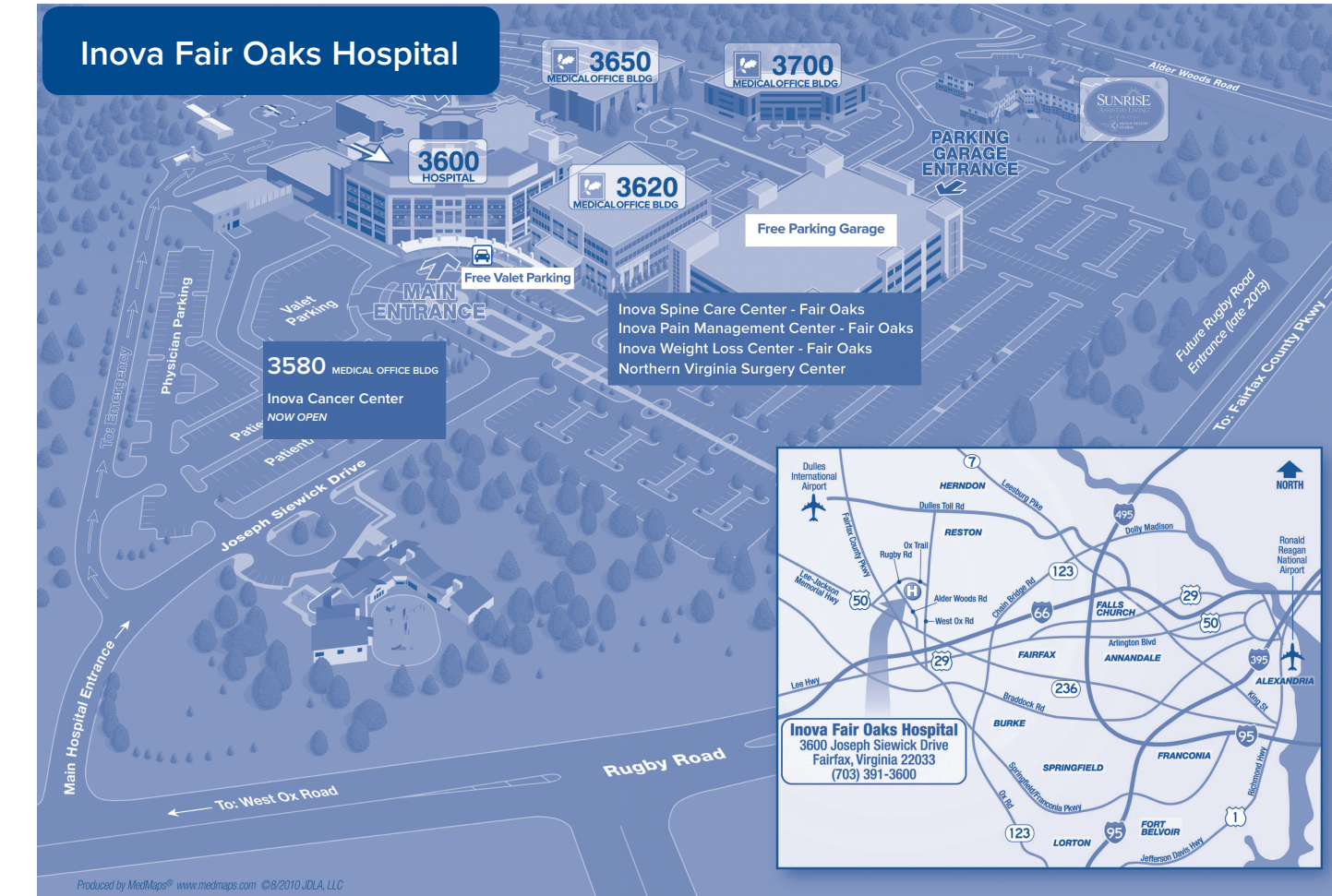
A printable version of this list can be found on our Web site.

Also, please remember to have your baby's car seat installed in your car before arriving at the hospital to take your baby home. Hospital staff cannot install the car seat. For more information on how to install the car seat properly in your vehicle, please call the Fairfax County Public Safety Hotline at 703.280.0559.

Visiting Hours

Post-partum visiting hours for family and friends are 9 a.m. – 9 p.m., seven days a week. Children under 12 may be allowed to visit if they are healthy and a sibling of the new baby. *For the safety of our patients and community, Inova may limit visitation with patients during flu season or for other precautionary reasons.*

Inova Fair Oaks Hospital Birthing Center
 Inova Fair Oaks Hospital
 3600 Joseph Siewick Drive
 Fairfax, VA 22033
 P. 703-391-3600



Going East or West on I-66: Exit onto the Fairfax County Parkway, 286 North (towards Reston). Cross over Rt. 50 (Lee-Jackson Memorial Highway). After crossing over Rt. 50, turn right at the light onto Rugby Road. Follow Rugby Road to the second right on Joseph Siewick Drive.

Going North on West Ox Road, toward Reston/Herndon: Turn left at Navy Elementary School onto Ox Trail Road. Make first left onto Joseph Siewick Drive.

Going East or West on Route 50: Take the Fairfax County Parkway exit north. Turn right at light onto Rugby Road. Follow Rugby Road to the second right on Joseph Siewick Drive.

Going South on West Ox Road, away from Reston/Herndon: Turn right at Navy Elementary School onto Ox Trail Road. Make first left onto Joseph Siewick Drive.

First Fold

Return Address

Place Stamp Here
 Post Office
 will not deliver
 without postage

Second Fold

Inova Fair Oaks Hospital
 3600 Joseph Siewick Dr.
 Fairfax, VA 22033

ATTN: Patient Registration

Inova Fair Oaks Hospital Shared Beliefs

Our Shared Beliefs of Compassion, Respect, Excellence, Dedication, Innovation and Trust serve as our guide to providing outstanding, quality care to our patients and their families.



Preadmission

To Expectant Parents

Congratulations on the upcoming birth of your baby.

We know what an important event this is for your family, and we are happy you have chosen Inova Fair Oaks Hospital for your baby's birth.

To make your admission to the hospital as easy as possible, please read the enclosed information to familiarize yourself with the preregistration and admission process.

We've made registration for your OB admission easier than ever with our secure, online registration form! Visit inova.org/OBprereg

We recommend you complete your registration at least 60 days before your expected delivery date. If you prefer to use a paper form, simply complete the attached preadmission form in this booklet.

Birth, Parenting and Family Education

The special care offered Inova Fair Oaks Hospital includes a wide variety of classes to help prepare every family member for the birth of a new baby. Our experienced instructors will provide you with the support and education you need.

Breastfeeding education is available, as well as classes at certain locations. For information on types of classes, dates, locations or to register for a class or tour, visit inovahealthsource.org. Classes and tours fill up quickly, so register today. The Inova Fair Oaks Hospital Birthing Center has a Web site that can provide your family with more information about our program at www.inova.org/ifo.

Insurance and Payments

Please complete all information on the attached preadmission form and return it to us at least 60 days before your expected delivery date. You should also contact your insurance company before your hospital admission to determine whether pre-certification is required, and to learn about their length-of-stay and discharge policies.

Since most insurance companies do not automatically enroll newborns, be sure to ask what steps you need to take to obtain insurance coverage for your baby.

Please bring your photo identification, insurance card, and form of payment with you when admitted to the hospital.

A financial counselor will stop by your room to help answer questions you may have about your insurance benefit, financial responsibility, and payment options. If you are not insured, we request prepayment of the estimated bill before admission.

If you have any questions about your financial responsibility or would like to discuss payment options, call our financial counselor at **703.391.3284**.

Birth Experience

Contact Us

Admissions **703.391.3611**
Birth Registrar **703.391.3289**
Breastfeeding Resource Center **703.391.3908**
Cashier **703.391.3614**
Class Registration inovahealthsource.org
Tour Registration inovahealthsource.org
Physician Referral **1.855.My.Inova (1.855.694.6682)**
Patient Accounts (after discharge) **703.645.2899**
Patient Information. **703.391.3980**
Pre-registration Information. **703.391.3610**

Physicians' Fees

Various doctors, such as pediatricians, neonatologists, anesthesiologists, pathologists or radiologists, may be involved in the care of both you and your baby, if your doctor requests their services. These physicians will bill you directly.

How to Apply for a Birth Certificate

After you give birth, a birth registrar will come to your room to obtain information for the birth certificate. In order for the hospital to file your baby's birth with the state, you must complete the birth certificate worksheet before you leave the hospital. The hospital can apply for the baby's birth certificate, as well as your baby's Social Security number. NOTE: there is a state fee of \$12 for each certificate ; make the check or money order payable to the State Health Department. (cash or credit payments are not accepted). If you prefer to apply for your birth certificate on your own the birth registrar will give you an application to mail to the state. The State requests that you do not mail the application until a month after the baby's date of birth. For more information contact:

Virginia State Department of Health
 Division of Vital Records
 PO Box 1000
 Richmond, VA 23218-1000
804.662.6200
www.vdh.virginia.gov

Special Services

Inova Fair Oaks Hospital Birthing Center offers you and your baby many special services including:

- Private room and bathroom
- Beautifully decorated, large labor-delivery-recover rooms
- Family waiting rooms
- Dedicated operating rooms for cesarean births
- Anesthesia services 24 hours a day, seven days a week
- A Post-Anesthesia Care Unit (PACU) where babies can stay with moms after a cesarean birth
- Spacious, fully equipped private-room Neonatal Intensive Care Unit (NICU), should your baby need specialized care
- In-house pediatrician and on-call neonatologist 24 hours a day, seven days a week
- Coordinated mother-baby care to minimize separation after birth
- A certified lactation consultant
- Complimentary room service dining, 7 a.m. – 6:30 p.m.
- On-site photographer available in the morning, 7 days a week, to take your baby's first photographs
- Interactive "GetWell Network", which makes it easy to obtain information about the hospital and relevant health topics, access the Internet, check e-mail and order movies on demand.
- Complimentary valet parking, Monday through Friday, 5:30 a.m. – 6 p.m.
- Sleep chairs in patient rooms for your significant other to stay overnight

The Breastfeeding Center

The Breastfeeding Center at Inova Fair Oaks Hospital Birthing Center understands that new moms may need help breastfeeding their infants. That's why our board-certified lactation consultants are available for breastfeeding classes and one-on-one consultations during your hospital stay. The Breastfeeding Center also offers inpatient, bedside breastfeeding evaluations and problem solving, as well as neonatal intensive care visits for premature infants and those with special needs. Fine Tuning Clinics are available after discharge, by appointment, for babies up to three weeks of age. A telephone "warmline" is available to answer basic breastfeeding questions at any time. Hospital-grade, electric breast pumps are available at our rental station. The Breastfeeding Center has all you need to help you breastfeed successfully. To contact the Breastfeeding Center, call **703.391.3908**.

Maternity Due Date _____
 Type of Delivery _____
 Obstetrician _____
 Primary Care Physician _____
If in a group practice, please provide name(s) of physician(s)
 First day of last menstrual period _____
 Have you ever been treated at Inova Fair Oaks Hospital or another Inova facility? Yes No

Name Last First Middle _____
 Maiden Name _____
 Street Address or Route Number _____
 City State Zip _____
 Home Phone _____

Date of Birth _____ Place of Birth (City, State, County) _____
 Race _____
 Ethnicity: Non Hispanic/Latino Hispanic
 Unavailable Declined
 Religious Preference: _____
 Marital Status: Married Single Divorced
 Separated Widowed

Patient's mother's name _____ Patient's father's name _____
 Employment Status:
 Full-time Part-time Not employed
 Retired Self-employed Active military

Employer name _____
 Street Address _____
 City State Zip _____
 Work Phone _____ Occupation _____

Patient's Spouse/Emergency Contact
 Name Last First Middle _____
 Street Address or Route Number _____
 City State Zip _____
 Home Phone _____

Date of Birth _____ (Month, Day, Year)
 Relationship to Patient _____
 Employment Status:
 Full-time Part-time Not employed
 Retired Self-employed Active military

Employer name _____ Occupation _____
 Street Address _____
 City State Zip _____
 Work Phone _____ Mobile phone _____

Insurance Information Self-Pay/No Insurance Coverage

Primary Insurance Company _____ State _____
 Phone Number for Eligibility/Benefits _____
 Claims Billing Address (contact insurance co. for this information) _____

Pre-certification Number (if applicable) _____
 Identification Number _____ Group Number _____
 Subscriber's Name _____
 Secondary Insurance Company _____ State _____
 Phone Number for Eligibility/Benefits _____

Claims Billing Address (contact insurance co. for this information) _____
 Precertification Number (if applicable) _____
 Identification Number _____ Group Number _____
 Subscriber's Name _____

Newborn Insurance Information

Primary Insurance Company _____ State _____
 Phone Number for Eligibility/Benefits _____
 Claims Billing Address (contact insurance co. for this information) _____

Precertification Number (if applicable) _____
 Identification Number _____ Group Number _____
 Subscriber's Name _____

Complete section below if you have TRICARE Military Benefits or Medicaid Benefits

TRICARE ID Number _____
 Policy Holder's Rank and Military Branch _____
 Issue Date _____ Expiration Date _____
 Duty Station _____
 MEDICAID ID Number _____ State _____
 Recipient Name _____ Date of Birth _____

Recipient Address (complete this if address differs from patient and emergency contact on any of the above insurance)
Special Language Needs:
 Preferred Language: _____
 Need Interpreter? Yes No
Other Special Needs: Yes No

Write in request

Please detach the completed preadmission form and return to the address indicated on the reverse of this form. Please include a stamp. Thank you.