

## Facilities and Services

Welcome to The Mother Baby Center at United and Children's – St. Paul. The purpose of this form is to gather important information necessary for your hospital stay. Please complete the registration form and mail the form or give it to your prenatal instructor as soon as possible. Completion of the form will shorten the registration time when you come to have your baby and will allow us to verify your insurance benefits prior to admission. Please have your insurance cards available on admission.

## Admission

When you are in labor we ask that you call The Mother Baby Center at United and Children's – St. Paul at 651-241-6202 so we can prepare for your arrival. If you think you are in labor but are not sure, call your doctor or nurse midwife. You may be asked to come to the hospital for observation and evaluation. When you arrive at the hospital, you should use the Garden View entrance at 345 Smith Avenue North. Parking is available in the Red Ramp on Grand Avenue, adjacent to the building.

## Visiting

The Mother Baby Center at United and Children's – St. Paul's visiting policy encourages family involvement with the new baby. Brothers, sisters and grandparents of the baby are welcome to visit, hold and touch the new baby at the convenience of the parents. Dads, of course, can visit anytime. For other family members and friends, the parents are encouraged to set their own visiting hours. No specific hours will be defined by the hospital, although the staff will be available to help you limit visitors if you wish.

## For More Information

The Mother Baby Center at United and Children's – St. Paul staff is happy to talk to you if you would like additional information about the Center, the registration process or any of our special services. Please call the information office at 651-241-6200.

For questions about insurance or the preadmission form, please call 651-241-8308.

The Mother Baby Center  
at United and Children's – St. Paul



# Preadmission Registration



DELIVERED BY:



345 Smith Avenue North  
Saint Paul, MN 55102  
651-241-8000  
info@themotherbabycenter.org

[TheMotherBabyCenter.org](http://TheMotherBabyCenter.org)  
[Facebook.com/TheMotherBabyCenter](https://Facebook.com/TheMotherBabyCenter)



DELIVERED BY:



## The Birth Center Preadmission Form

This registration form should be completed and either mailed or given to your prenatal instructor by the seventh month of your pregnancy.

### PATIENT INFORMATION

Estimated date of baby's birth \_\_\_\_\_

Name of mother's physician or nurse midwife \_\_\_\_\_

Name of baby's physician \_\_\_\_\_

Baby's last name \_\_\_\_\_

Mother's present legal name

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Home phone \_\_\_\_\_

Social Security number \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_

Marital status  Single  Married  Significant Other  
 Widowed  Separated  Divorced

Religion \_\_\_\_\_

Church/Synagogue \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer phone \_\_\_\_\_

### EMERGENCY CONTACT

Emergency name (not spouse or partner) \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

### SPOUSE OR SIGNIFICANT OTHER

Legal last name \_\_\_\_\_

First \_\_\_\_\_ MI \_\_\_\_\_

Birth date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer phone \_\_\_\_\_ SS number \_\_\_\_\_

### MEDICAL INSURANCE INFORMATION

Name of primary insurance company \_\_\_\_\_

Policy number \_\_\_\_\_ Group number \_\_\_\_\_

Claim mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Policy holder's name \_\_\_\_\_

Clinic name \_\_\_\_\_

Phone number for insurance verification \_\_\_\_\_

Name of secondary insurance policy \_\_\_\_\_

Policy number \_\_\_\_\_ Group number \_\_\_\_\_

Claim mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Policy holder's name \_\_\_\_\_

Clinic name \_\_\_\_\_

Phone number for insurance verification \_\_\_\_\_

Baby will be covered by primary or secondary insurance \_\_\_\_\_

Other insurance \_\_\_\_\_

Please complete and mail to: The Mother Baby Center  
at United and Children's – St. Paul  
345 Smith Avenue North  
St. Paul, MN 55102