

OhioHealth Maternal Fetal Medicine
Riverside Methodist Hospital Women's Center
3535 Olentangy River Road, 1st Floor
Columbus, Ohio 43214
614-566-4378

Dear Patient:

Your obstetrician recently referred you to the department of Maternal Fetal Medicine at Riverside Methodist Hospital. In order to serve you better, we are sending you this information packet, so you may know what to expect at your visit. Please complete the enclosed forms and bring them with you to your appointment. Please be aware that there are certain insurances that are not accepted in the OhioHealth network, so it is your responsibility to contact your insurance company to see if our services will be covered by your plan.

Registration

Please bring your insurance card and photo ID to your appointment. A hospital representative may call prior to your appointment to pre-register you over the telephone. In the event you miss this call pre-registration can be reached at 614-566-1519. Even if you get pre-registered, we advise you to come about 15 minutes early to your appointment to complete additional information we will need at the office.

For Patients Under 18 Years Old

If you are a patient under the age 18 years, your parent or legal guardian must physically accompany you to your first visit in our office, so we can obtain consent to provide your medical care. We cannot accept telephone calls from a parent or legal guardian to obtain consent. After the first visit, your parent or a legal guardian does not need to accompany you.

Visitors

Your spouse, support person or friend, is welcome to accompany you to your appointment. Please be mindful that our exam rooms and waiting areas have limited spaces. If you bring more than two visitors, please understand that we may not be able to accommodate all visitors in the exam room. If you need to bring small children with you, please bring another adult who can supervise them during your exam.

Late Arrivals

We do understand that there are circumstances that can result in coming in late to your appointment but please be aware that you may have to wait for the next available time to be seen.

Emergencies

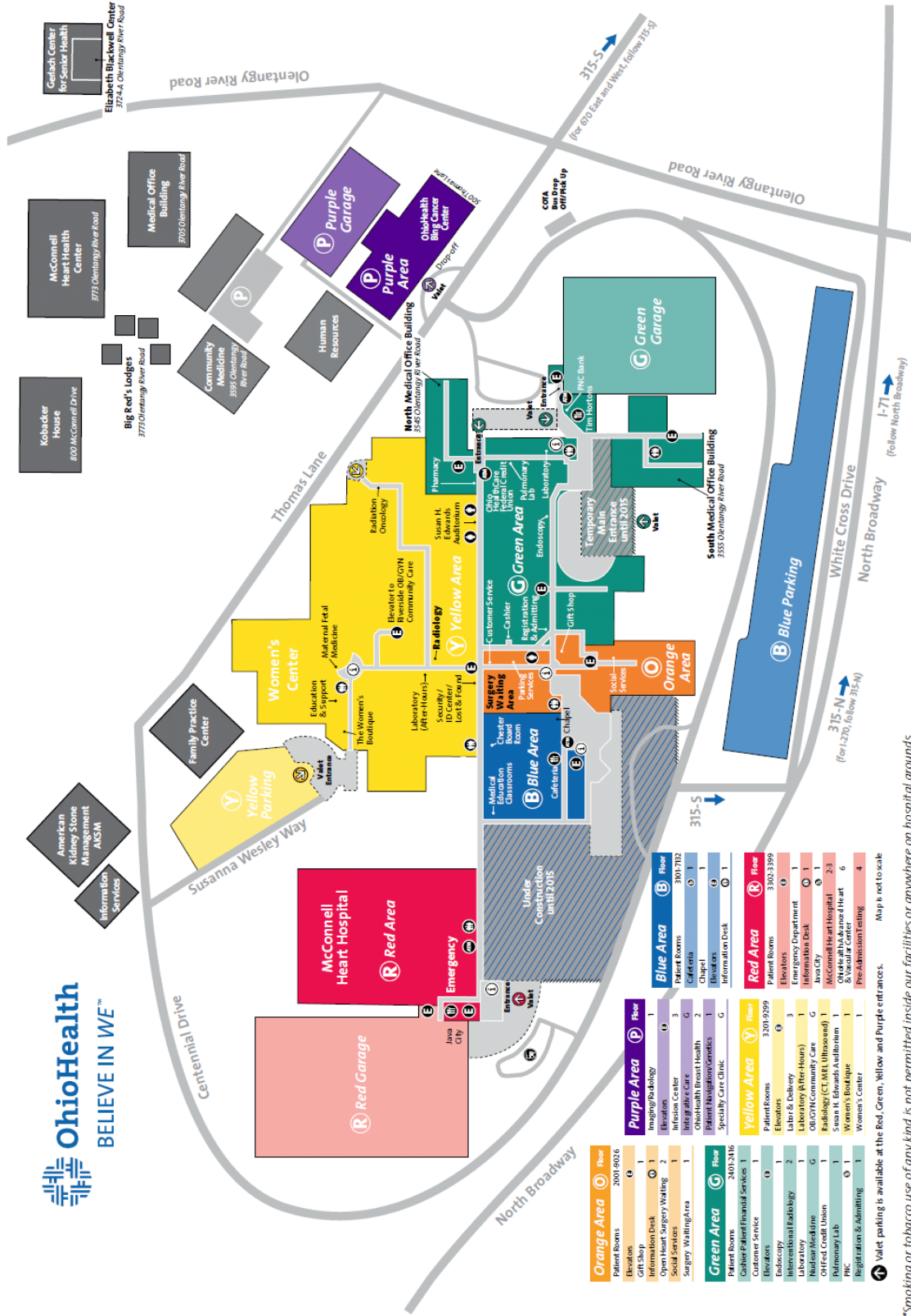
Since we are a high risk facility we frequently have emergency admissions. This can make your wait time lengthy as we want to provide the best possible care to all of our patients. We appreciate your patience and understanding as we do understand how precious your time is. Please come prepared and arrange for plenty of extra time with your work schedules or babysitter.

Directions and Parking

We are located in the Yellow Area of the Riverside Methodist Hospital (see enclosed map). Our office is in the Riverside Women's Center, which located at the back of the hospital building. We provide free valet parking at the front door in the Women's Center turnaround. Parking is also free in the yellow lot. We provide free parking from any garage or valet. We will provide you with a free parking pass upon arrival.

If you have any questions about your appointment or need to cancel or reschedule your appointment, please feel free to call us at 614-566-4378 between the hours of 8a.m. to 4:15 p.m.

We look forward to meeting you!



Area	Floor	Department
Orange Area	2001-2016	Patient Rooms
	0	Gift Shop
	1	Imaging/Radiology
	2	Open Heart Surgery Waiting
	3	Infusion Center
Blue Area	3101-3102	Patient Rooms
	0	Cafe/Cafe
	1	Chapel
	2	OhioHealth Breast Health
	3	Specialty Care Clinic
Red Area	3102-3109	Patient Rooms
	0	Elevators
	1	Emergency Department
	2	Information Desk
	3	Java City
Yellow Area	3201-3209	Patient Rooms
	0	Lab & Delivery
	1	Laboratory (After Hours)
	2	Radiology (CT, MRI, Ultrasound)
	3	Susan H. Edwards Auditorium
Green Area	2401-2416	Patient Rooms
	0	Customer Service
	1	Endoscopy
	2	Interventional Endoscopy
	3	Laboratory & Live
Purple Area	3301-3309	Patient Rooms
	0	Pharmacy
	1	Office of Credit Union
	2	Pharmacy Lab
	3	PHC

*Smoking or tobacco use of any kind is not permitted inside our facilities or anywhere on hospital grounds.

OhioHealth Maternal Fetal Medicine

Services offered at Riverside Methodist Hospital, Doctors
Hospital, Dublin Methodist Hospital and Grant Medical Center
614-566-4378

December 10, 2013

Patient Billing for Facility and Physician Services

OhioHealth Maternal Fetal Medicine is a hospital-based facility that provides, and therefore, charges fees related to the facility and the physician's services provided at each location. You will receive two OhioHealth bills related to your visit today. The total of the two bills should not be substantially higher than a typical physician visit bill. You *may also* receive a bill from a third party if you receive tests like x-rays or blood work.

Receiving outpatient and physician services, you may need to pay two co-payments or must meet two deductible amounts. Your insurance company or governmental payer, e.g., Medicare, decides any co-payment or deductible amounts that you owe. These amounts are described within your policy. The co-payment or deductible information will be listed on the Explanation of Benefits you receive when your claim is processed.

As a not-for-profit organization, OhioHealth and Maternal Fetal Medicine are committed to serving all patients, regardless of their ability to pay. If you have any questions regarding the fees charged, please call OhioHealth Patient Accounting at 614-566-5594 and we will confirm the fees. In addition, if you have any concerns about your ability to pay the amount you owe for services rendered, please let us know. We will work with you to set up a payment plan or see if you meet guidelines for financial assistance or reduced fees.

If you have any questions, please call Patient Accounting at 614-566-5594. Thank you for choosing OhioHealth for your healthcare needs.

Name _____

Daytime phone (_____) _____

Partner/Husband _____

Daytime phone (_____) _____

Referred by _____

Reason for Visit _____

Major complications during this or another pregnancy _____

Number of pregnancies _____

Number of children born _____

Any children who died after birth? _____

Number of:

fullterm births _____

preterm births _____

miscarriages _____

stillbirths _____

ectopic (tubal) pregnancies _____

Did you become pregnant by IVF? yes no

If yes, was an egg donor used? yes no

Age of the donor _____

Allergies to drugs and your symptoms

List all medications (prescribed, over-the-counter and herbal) and why taking

Medical Diagnoses or Conditions

Surgeries/Injuries (include year)

Thank You!

Patient Signature

Date

Time

PATIENT IDENTIFICATION LABEL

OhioHealth



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PNC

**PRECONCEPTION / PRENATAL
PATIENT HISTORY**

RIVERSIDE MATERNAL FETAL MEDICINE
3535 OLENTANGY RIVER RD
COLUMBUS, OH 43214-3908

AUTHORIZATION TO RELEASE HEALTH INFORMATION

DATE: _____

I, _____ DO HEREBY AUTHORIZE
MATERNAL FETAL MEDICINE STAFF TO SPEAK WITH THE FOLLOWING
PEOPLE REGARDING MY HEALTH CONDITION AND CARE.

PLEASE LIST BELOW INCLUDING NAME AND RELATIONSHIP TO YOU:

1. _____

2 _____

PATIENT SIGNATURE AND DATE: _____

WITNESS SIGNATURE AND DATE: _____

(Non-Family Member)