



3663 College St. SE, Suite C, Lacey, WA 98503 | www.community-birthcenter.com

NEW CLIENT REGISTRATION

Dear Expectant Parent:

Welcome! We look forward to your stay at the Community Birth Center. Enclosed is some information that will assist you in registering and will prepare you for your visit. Please return the completed paperwork *to your midwife* so she may send them to us at 36 weeks. *Please note that these forms **must be signed and returned prior** to your admission to the birth center.*

- Registration Form**
- Copy of the front and back of your Insurance Card.**
- Informed Consent Form for Hospital Transfer**
- Financial Agreement**
- Notice of Privacy Practices & Acknowledgement Form.** This notice describes how medical information about you may be used & disclosed & how you can get access to this information.
- Nitrous Informed Consent and Non-Covered Service Agreement**

Admission to the Birth Center

Unlike a typical hospital, the birth center is not staffed 24 hours a day. Medical care is provided by *your midwife* when you are in labor. Therefore, when you go into labor, be sure to call your midwife to arrange admission to the birth center. They will meet you at the birth center when you are in active labor. If you show up without your midwife, medical care will not be available. Should you have questions about costs associated with birthing at CBC, you can contact our biller at islandbilling@gmail.com

For touring the birth center: Appointments are optional, but please do call us to make sure we're available to show you around. Congratulations on the upcoming addition to your family!



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Midwife's Name: _____ Estimated Due Date: _____

Client's Name: _____

Client's Birth Date: _____ Age: _____ Social Security #: _____

Street Address: _____

Mailing Address (if different from above): _____

Phone: (cell) _____ (home): _____ (work): _____

Occupation: _____ Employer: _____

E-Mail Address: _____

Partner/Spouse: _____

Occupation: _____ Employer: _____

Birth Date: _____ Age: _____ Social Security #: _____

Address (if different from yours): _____

Phone: (cell) _____ (home): _____ (work): _____

Emergency Numbers/Message Phones

Name: _____ Relationship: _____

Address: _____

Phone: (cell) _____ (home): _____ (work): _____

May we use this number as a message phone if we are unable to reach you? _____



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Insurance Information

Insurance Co. Name: _____ Insured Name: _____

ID #: _____ Group #: _____

Phone Number of Ins. Co. (should be on the card): _____

Insured Employer: _____ Work Phone#: _____

Are you covered by Secondary Insurance? (Please Circle) Yes / No

Insurance Co. Name: _____ Insured Name: _____

ID #: _____ Group #: _____

Phone Number of Ins. Co. (should be on the card): _____

Acknowledgement and Insurance Payment Authorization

I certify that the information in this form is correct to the best of my knowledge. I hereby authorize the Community Birth Center or any of its representatives be paid directly by my insurance company. I also authorize Community Birth Center or any of its representatives to release any information necessary to process my insurance claim. I understand that insurance coverage is not a guarantee of payment and that ultimately I am responsible for paying my bill.

Signature of Client: _____ Date: _____



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Birth Center Informed Consent & Plan for Hospital Transport

Midwives with admitting privileges at the Community Birth Center (CBC) are expected to adhere to the Midwives' Association of Washington State (MAWS) *Standards for the Practice of Midwifery* (www.washingtonmidwives.org) in identifying "significant deviations from normal" and to consult with or transfer care to a hospital accordingly. Your midwife is also expected to maintain an active license to practice in Washington State, to be a member of MAWS, and carry appropriate malpractice insurance.

If, during your stay at CBC, your midwife determines the need for consultation or transport to a hospital, options are dependent on the clinical circumstances and are generally as follows:

Problem	Mode of Transport	Hospital
Non-emergent labor (antepartum) or postpartum transfer	Private automobile	Providence St. Peter's Hospital (Olympia, WA) Multicare Tacoma General Hospital (Tacoma, WA) St. Joseph's Medical Center (Tacoma, WA)
Non-emergent neonatal transfer of a stable infant	Private automobile	Providence St. Peter's Hospital (Olympia, WA) Multicare Tacoma General Hospital (Tacoma, WA) St. Joseph's Medical Center (Tacoma, WA)
Emergency transfer- time is of the essence, additional medical procedures needed en route or additional emergency assistance required	Medic Unit (911)	Providence St. Peter's Hospital (Olympia, WA) Multicare Tacoma General Hospital (Tacoma, WA) St. Joseph's Medical Center (Tacoma, WA)



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I/We have chosen to birth our baby at the Community Birth Center attended by a midwife with admitting privileges.

I/We understand that admission to CBC in labor is contingent upon the normal progress of this pregnancy, compliance with routine prenatal care and upholding the client responsibilities as outlined and discussed with me by my midwife.

I/We understand that narcotic and epidural pain medications, vacuum extractor, forceps and Cesarean Section *are not available at CBC* and need for any of the above are indications for transport to hospital.

I/We understand that there are medications available at CBC for the control of shock, seizure, and post-partum hemorrhage and newborn resuscitation equipment is on site. Emergency medications may be used *in addition* to transport to hospital.

I/We understand that birth is not without risk and that there is no guarantee of the outcome of birth in any setting, *in or out of the hospital*.

I/We understand the potential risks, benefits, and responsibilities involved in choosing an out-of-hospital birth at CBC and am/are willing to accept these.

I/We understand that CBC cannot be held responsible for the clinical care provided by my

Client's signature _____ Date _____

Partner's signature _____ Date _____



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Financial Contract

This document describes our policies regarding payment for facility fees

Insurance – We accept **Apple Health and most major insurance carriers** for facility (birth center) fees. • We will bill your insurance company a facility fee for mother and baby after your delivery and stay at Community Birth Center. If you transfer in labor to the hospital before delivery, the baby facility fee will NOT be billed.

- You are responsible for all deductibles, co-pays, and/or co-insurance as allowed under your health policy.
- There is a non-refundable \$100 registration fee that is due at the time of registration with paperwork. This payment is applied to any outstanding balances or deductibles owed to the Community Birth Center.
- Our billing service (Island Billing Services) will verify your insurance benefits and provide you with a written statement of expected out of pocket costs for the facility fee if you request it. You can reach Island Billing at: 360-632-4435 or islandbilling@gmail.com.

Private Pay – If you are not eligible for Apple Health or insurance coverage through the Washington Health Benefit exchange, or if your insurance plan does not cover our services, you may choose to private pay for the facility fees. Island Billing will contact you for payment prior to your birth.

- No portion of this charge is refundable after the onset of active labor and/or admission to the birth center

*****We accept cash, personal check, credit cards or electronic payments*****



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Acknowledgement and Insurance Payment Authorization

_____ I hereby authorize the Community Birth Center or any of its representatives be paid directly by my insurance company.

_____ I hereby authorize Community Birth Center or any of its representatives to release any information necessary to process my insurance claim.

_____ I HAVE READ AND UNDERSTAND THIS FINANCIAL CONTRACT AND HAVE HAD FULL OPPORTUNITY TO HAVE ALL OF MY QUESTIONS ANSWERED.

_____ I UNDERSTAND THAT INSURANCE COVERAGE IS NOT A GUARANTEE OF PAYMENT AND THAT ULTIMATELY, I AM RESPONSIBLE FOR PAYING MY BILL.

Date: _____

Signature of client: _____

Signature of spouse, partner, or guardian (if client is a minor): _____



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Informed Consent for Nitrous Oxide use in labor

Client Name: _____

Nitrous oxide is a tasteless, odorless gas which can be used to provide some degree of pain relief during labor, delivery, or postpartum procedures - such as suturing or certain rare emergency procedures.

Women who use nitrous oxide in labor are fully awake, aware of their surroundings, and able to respond rationally to questions and directions. Nitrous oxide typically causes a state of relaxation, euphoria, and a reduction or elimination of anxiety. It offers some degree of pain relief for most people, though absolute relief will not be achieved.

Nitrous oxide is self-administered by inhalation through a mask. The midwife will provide you with initial guidance on when to inhale the gas in order to achieve its maximum benefits. The laboring woman will inhale the gas about 45 seconds before the peak of a contraction. If being used for pain relief for a postpartum procedure, the woman will inhale throughout the procedure as she desires. The effects cease within seconds of stopping inhalation.

Nitrous oxide has not been shown to affect labor patterns, impact the strength of contractions, or cause depressed respirations (breathing problems) in babies after birth.

Side effects of nitrous oxide for the mother may include: tingling sensations, sensations of heaviness in legs/thighs, laughter, a sense of detachment or disassociation from the environment, sluggishness, nausea, vomiting, and headache. All of these side effects are temporary.

I cannot use nitrous oxide if I cannot hold my own face mask, have pernicious anemia or a B12 deficiency, or if the nitrous oxide unit is being used by another client. Nitrous oxide is not available at home birth.

I have read the above on use of nitrous oxide, its risks, benefits, and alternatives. I accept and understand that the use of nitrous oxide has limitations and risks and that absolute pain relief cannot be guaranteed. I have had the opportunity to have my questions answered to my satisfaction.

Client signature _____ Date _____



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Non-Covered Service Agreement for Use of Nitrous Oxide

Client Name _____

The midwives at Community Birth Center offers nitrous oxide for pain relief during labor, birth, and the immediate postpartum. The nitrous oxide is administered as a premixed inhalant of 50% nitrous oxide to 50% oxygen. At this concentration, nitrous oxide is used for analgesia (partial pain relief without loss of consciousness), NOT as anesthesia (pain relief with loss of consciousness). Nitrous oxide used in this manner is not considered medically necessary and therefore is not covered by insurance. We cannot and will not bill your insurance company.

There is a private pay fee of \$300 for use of inhaled nitrous oxide during labor, delivery, and the immediate postpartum. This fee is not prorated or increased in relation to how much nitrous oxide is used.

If you use nitrous oxide for less than 15 minutes prior to delivery and decide you do not like it, the charge is \$50 for the disposable parts.

If you do not choose to use nitrous oxide for labor and delivery, you may still use it for postpartum procedures such as suturing and certain rare emergency measures. For postpartum use only, a \$100 fee is applied regardless of the amount of time it was used.

____ I acknowledge that I will be charged a fee of \$300 for the use of nitrous oxide during my labor, delivery, and immediate postpartum. This fee will be charged regardless of the amount of nitrous oxide used.

____ I acknowledge that if I use nitrous oxide in the immediate postpartum period *only*, I will be charged \$100.

____ I acknowledge that if I use nitrous oxide for less than 15 minutes I will be charged \$50 for the disposable parts.

I have read and understand the non-covered services agreement for use of nitrous oxide during labor, delivery, and the immediate postpartum and have had the opportunity to have my questions answered to my satisfaction. I understand nitrous oxide is not available at home birth.

Signature of Client

Date



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Acknowledgment of Receipt

I have had the opportunity to review CBC's:

- **HIPAA Notice of Privacy Practices** which describes how my health information is used and shared. I understand that PSMBC has the right to change this Notice at any time.
- **Client Bill of Rights**, which lists my rights as a client.

I may obtain a personal copy of either document by request or by visiting www.communitybirth-center.com

Signature

Date

Print your name



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Supply list for Birth Center Stay

3 weeks prior to your due date, have the following items assembled and in one place.

- Car seat for baby
- Clothes you would like to labor and to wear home
- Swimsuit (if desired) and extra clothes for support people/partners in the tub
- Chargers for electronics
- Toiletries for shower (towels are provided)
- Clothes for baby
- Diapers (disposables provided)
- Receiving blankets to take baby home
- Camera if desired
- Food for yourself and your birth team. Several bottles of your favorite flavors of Recharge, Coconut Water, Juice, etc. Popsicles, yogurt, fruit or crackers are just a few examples of things you may want in labor. We have a refrigerator, freezer, sink and microwave available for your use. Also, bring “a hearty meal” for after the birth (you’ll be hungry)!
- Any music you may want to listen to. You can play your phone or CD. We have a sound system in all of the birth rooms.

Phone calls: The birth center is not staffed 24 hours a day. Therefore, during the off hours, our main phone line is forwarded to our answering service. You should direct your friends/family to call your cell phone.

We look forward to supporting you and your family!