



Morristown Medical Center

ATLANTIC HEALTH SYSTEM

Dear Mom to be:

Thank you for choosing Morristown Medical Center to deliver your Baby!

Our highly trained staff along with your obstetrician/midwife and your pediatrician are here to make this a "Special" delivery. There are several things you will need to do to help us get this journey on the road. First we need to get you registered with the hospital. Below is a list of instructions to help you complete the attached file of forms. Once they are complete you will need to return the file to us, either by US postal mail, fax or email.

- Fax number- 973-290-7258
- Email address – maternity.registrationmmh@atlanticealth.org
- Postal address – Morristown Medical Center / 100 Madison Ave. / Morristown, NJ / 07960
Attention: Maternity Registration Interoffice box 44

1. Complete the registration form and send back (2 pages)
2. Send a copy of the front and back of your insurance cards and your driver's license
3. Read the informational form about *Supplemental Newborn Screening* then sign and return the acknowledgment sheet.
The State of New Jersey mandates that every baby born in New Jersey be screened for multiple disorders that can cause serious health problems. By signing this sheet you are NOT giving permission for additional screening to be done but acknowledging we have given you the necessary information regarding necessary testing. Should you choose to review the additional material on supplemental screening you can visit the websites provided on the notice.
4. *Emmi Educational Sheet*: This program is designed to inform patients of what to expect from any procedure. It provided an overview of getting ready for your upcoming experience, risks and benefits. By including your email on the registration sheet we will be able to register you for this educational program. Be sure to check off at the bottom of the sheet what programs you would like to view.
5. Before you come to the hospital you MUST choose a Pediatrician to care for your baby. We need to know who your pediatrician is upon your admission in order to assure your baby's Metabolic testing results are sent to the right Physician post discharge. If your chosen pediatrician does not have privileges in the newborn nursery you may use our Board Certified Pediatric hospitalist.
6. Please feel free to contact the Pre-Registration hot line should you have any questions or concerns regarding your registration at 973-971-5732

Thank You
The Maternity Center Staff

Advance Directives provided at your request.

Morristown Maternity Center
100 Madison Avenue
Morristown, NJ 07960



**Morristown
Medical Center**

ATLANTIC HEALTH SYSTEM

MATERNITY REGISTRATION INFORMATION

Please have Photo ID and Insurance cards available

Obstetrician's Name: _____
 Email Address: _____ Due Date: _____
 Primary Care Doctor: _____

Patient Information

Patient Name: (Last, First, & MI)		Sex:
Birthdate:	Social Security #:	Marital status: S W D M
Mailing Address:		Apt #:
City:	State/Zip Code:	
County:	Home Phone #:	
Race:	Nationality:	Can we leave a phone message?
Church:	Do you want a confidential address/phone?	
Denomination:	Allergies:	
Do you have a living will? No Yes If yes, please enclose a copy.		

Alternate / Confidential Address

Resident Type:	College	Boarding school	Relative's home	Friend's home	Shelter
Address:					
City, State, & Zip code:			Can we mail to address?		
Phone #:			Can we leave a phone message?		

Patient's Employer Information

Are you employed:	Not Employed	Full time	Pt time	Student	Self employed	Military
Employer/school name:			Patient Occupation:			
Employer Address:			Work Phone #:			
City:			State/Zip Code:			

Significant Other / Spouse's Information

Name: (Last, First, & MI)					Relation to Patient:	
Birthdate:			Social Security #:			
Mailing Address:			Home Phone #:			
City:			State/Zip Code:			
Employment Status:	Not Employed	Full time	Pt time	Student	Self employed	Military
Employer:			Occupation:			
Mailing Address:			Work Phone #:			
City:			State/Zip Code:			

Notification in Case of Emergency (A second person to contact if desired)

Please notify: (Name)					Relation to Patient:
Address:			City, State, & Zip code:		
Home Phone #:			Work Phone #:		

Due to the multitude of variations with Insurance plans we cannot be responsible for knowing each individual patient's coverage plan. Therefore make sure that you familiarize yourself with your insurance plan, and keep us updated with any changes. If information is not received, incomplete, or inadequate we will have to register you as a "Self Pay Patient". This means you will be getting the bill from the hospital and will then have to submit the bill to your insurance company.

Primary Insurance Information

Name of Insurance Company:		Insurance Plan:	
Policy #:	Group #:	Relation to Insured:	Patient Relative
Address:		Phone #:	
City, State, & Zip code:			

Secondary Insurance Information

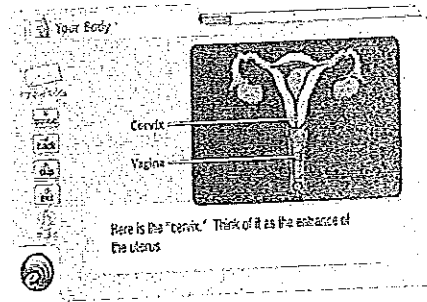
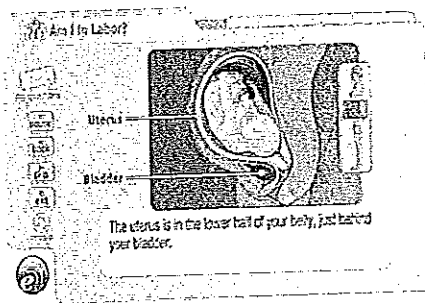
Name of Insurance Company:		Insurance Plan:	
Policy #;	Group #:	Relation to Insured:	Patient Relative
Address:		Phone #:	
City, State, & Zip code:			



Emmi® Educational Programs for You at Atlantic Health System

Here at Morristown Medical Center your pregnancy and delivery is our number one priority. Most medical decisions are ultimately in your hands and we strive to empower you with tools to help you feel self-assured. For example, helping you prepare for a C-section or vaginal childbirth. There is a lot of information to take in. This is why we're partnering with you to give you as much information as possible about your health.

Atlantic Health System is proud to offer a unique, educational program called Emmi. Emmi programs take complex information and make it easy to understand for you and your family. All Emmi programs are web-based, so you can view them at your own pace, in the comfort of your home and you can share them with friends and family. Best of all they are offered free to our patients.



****Please e-mail Maternity.RegistrationMMH@atlantichhealth.org to receive Emmi programs for childbirth. Include your Name, DOB, Physician, and Due Date. Each program will come in a separate e-mail for four consecutive weeks.**

The Emmi programs that will be delivered via email are:

Childbirth

Pain Relief for Childbirth

C-section

Cord Blood Storage

If you would like to view additional programs that pertain to your upcoming delivery, please include which programs in your e-mail.

Vaginal Birth after C-Section (VBAC)

Circumcision

Tubal Ligation – Post Partum

We encourage you to open the emails from My-Emmi Support [support@my-emmi.com] which will have the link to your web-based educational program.



DT1200

State of New Jersey Department of Health NOTICE OF AVAILABILITY OF SUPPLEMENTAL NEWBORN SCREENING

New Jersey law mandates that every baby born in New Jersey be screened for 54 disorders that can cause serious health problems. These disorders may not be apparent at birth, but if left undetected and not treated early in life, can lead to problems that include mental retardation, disability, or even death.

The New Jersey Department of Health Newborn Screening Program performs screening tests for these 54 disorders on all newborns within 48 hours after birth. The State laboratory uses an advanced technology, called tandem mass spectrometry (MS/MS), to test for these disorders. This technology may detect the presence of additional disorders for which screening is not mandated. If the State laboratory detects the presence of any disorder, the State will notify your health care provider.

New Jersey law requires health care providers to provide this pamphlet to expectant parents and guardians to advise you of the following. Supplemental newborn screening is available for other disorders in addition to the 54 disorders for which State law mandates screening. The State does not perform supplemental newborn screening. Private laboratories provide supplemental newborn screening. Supplemental newborn screening is optional. Your health care provider may recommend that supplemental newborn screening be performed. The cost for supplemental newborn screening is an out-of-pocket expense. The screening tests that private laboratories perform may repeat the tests for some or all of the 54 disorders for which the State already conducts screening.

If you decide to have supplemental newborn screening performed:

- Preferably several months in advance of your delivery date, you will need to purchase a supplemental screening test kit from a laboratory authorized by the Centers for Medicare and Medicaid Services (CMS).
- You will have to read and follow the instructions provided with the test kit, and tell your health care provider that you want supplemental screening.
- Typically, your health care provider will have to sign an order for the test, and the private laboratory will send the results to your health care provider.
- The State Newborn Screening Program will not receive the supplemental screening test results.

Reference in this notice to any specific commercial service, company, or organization does not constitute an endorsement or recommendation by the New Jersey Department of Health. The Department is not responsible for the content of any web page for which a link is provided below. If you have any questions, please contact your health care provider. Staff of the Department's Newborn Screening Follow-up Program and the Newborn Screening Laboratory, for whom contact information is given below, can provide you with information but cannot give medical advice and cannot advise as to whether to have supplemental newborn screening performed. This information is subject to change.

Informational Websites

Save Babies: www.savebabies.org
March of Dimes: www.marchofdimes.com
GeNeS-R-US: www.genes-r-us.uthscsa.edu
Gene Clinics: www.geneclinics.org

CMS Laboratory Information

www.cms.hhs.gov/clia
Phone: (877) 267-2323

Newborn Screening Follow-up Program

Lorraine Freed Garg, M.D., M.P.H.
E-mail: Lori.Garg@doh.state.nj.us
(609) 984-0755

Newborn Screening Laboratory

Scott M. Shone, Ph.D.
E-mail: Scott.Shone@doh.state.nj.us
(609) 341-5455



Atlantic
Health System



DT1200

**ACKNOWLEDGMENT OF RECEIPT
OF NOTICE OF AVAILABILITY OF
SUPPLEMENTAL NEWBORN
SCREENING**

PATIENT ID:
RENE

By signing this form, I confirm that:

- My health care provider gave me the pamphlet titled "New Jersey Department of Health and Senior Services Notice of Availability of Supplemental Newborn Screening" and I kept a hard copy of the pamphlet;
- My health care provider gave me a reasonable opportunity to read the pamphlet;
- I understand that mandatory newborn screening that the State will perform will not detect all possible disorders in infants for which tests are available;
- I understand that I am personally responsible for the cost of supplemental newborn screening; and
- I understand that if I choose to have supplemental newborn screening performed, then, several months in advance of the expected delivery date, I need to order the necessary kit from a laboratory of my choice and inform my health care provider that I want supplemental newborn screening performed.

Signature: _____

Print name: _____

Date: _____

Relationship to newborn (*circle one*) Parent Guardian

Witness to signature: _____

Print name of witness: _____

The health care provider shall maintain the signed original of this acknowledgement. The health care provider shall give the signer the pamphlet titled "New Jersey Department of Health and Senior Services Notice of Availability of Supplemental Newborn Screening."

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For updates of this pamphlet, go to www.nj.gov/health/fhs/schome.htm

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