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Preauthorization of Hospital Admission

Insurance companies require patients to obtain preauthorization of hospital admission for all hospital stays. It is your responsibility to contact your insurance company to obtain this preauthorization. Failure to do so may result in a penalty to you from the insurance company, which results in a reduction in your benefits. Therefore, it is important that you tend to this matter PRIOR to your admission to the hospital.

The insurance company will inform you of the authorized length of stay (number of days you are permitted to stay in the hospital under your benefit package). It is essential that you inform your care provider of the number of days that your insurance company has authorized so that we are able to discharge you from the hospital on the required day. If you remain in the hospital beyond the authorized time period, the hospital will bill you directly for any extra days. To avoid this financial burden, make sure you are discharged on the appropriate day. Most insurance companies in the state of New Jersey are required to pay for 48 hours (2 days) of postpartum care for a vaginal birth and 96 hours (4 days) of care for a Caesarean section.

The only exception to remaining beyond the preauthorized length of stay is a medical complication. If this is the case, your insurance company must be notified of the circumstances in order to determine if it is covered under your benefit package.

Please sign that you understand and acknowledge the above information.

Signature

Date _____