



## OBSTETRICAL PATIENT POLICY

WE ARE DELIGHTED THAT YOU HAVE CHOSEN OUR OFFICE FOR YOUR OBSTETRICAL CARE. WE WOULD LIKE YOU TO BE FAMILIAR WITH OUR FINANCIAL POLICY AND WHAT IS EXPECTED OF YOU

WE HAVE TWO BASIC OBSTETRICAL FEES: VAGINAL \$3,664.00 OR C/SECTION \$4,781.00

YOUR OB CARE AND DELIVERY WILL BE BILLED UNDER ONE OF THESE CHARGES. YOUR GLOBAL FEE FOR OBSTETRICAL CARE **WILL INCLUDE** THE FOLLOWING:

ALL OB VISITS TO THE OFFICE  
DOCTOR FEE FOR LABOR, DELIVERY AND IN-HOSPITAL VISITS AFTER DELIVERY  
OFFICE POSTPARTUM VISIT

THE GLOBAL FEE **DOES NOT** INCLUDE THE FOLLOWING:

INITIAL HISTORY AND PHYSICAL  
ANY LAB TESTS (BLOOD TESTS, PAP SMEAR, CULTURES, ULTRASOUNDS, ETC.)  
MEDICATIONS  
HOSPITAL CHARGES  
ANESTHESIA CHARGES  
ASSISTANT SURGEON, IF C/SECTION IS NECESSARY

**INSURANCE PATIENTS:** IF YOU ARE COVERED BY INSURANCE FOR YOUR PREGNANCY, WE WILL BILL THEM AFTER YOU DELIVER. YOU WILL BE RESPONSIBLE FOR YOUR DEDUCTIBLE, AND ANY COINSURANCE THAT IS NOT COVERED BY THE INSURANCE CARRIER. YOUR PORTION IS DUE BY THE 20<sup>TH</sup> WEEK (5<sup>TH</sup> MONTH) OF YOUR PREGNANCY.

**NO INSURANCE PATIENTS:** IF YOU DO NOT HAVE MATERNITY COVERAGE, THE ENTIRE FEE **MUST BE PAID IN FULL** BY THE 20<sup>TH</sup> WEEK (5<sup>TH</sup> MONTH) OF YOUR PREGNANCY, WITH PAYMENTS BEING MADE MONTHLY.

REGARDLESS WHETHER YOU ARE COVERED BY INSURANCE OR NOT, YOU WILL HAVE THE OPPORTUNITY TO SPEAK WITH THE OFFICE MANAGER, LORI SCHMIDT, TO DISCUSS YOUR FINANCIAL RESPONSIBILITY AND TO SET UP A PAYMENT SCHEDULE SO THAT YOUR FINANCIAL OBLIGATION IS MET.

ON OCCASION IT IS NECESSARY FOR US TO HAVE CERTAIN TIME OFF FOR MEDICAL MEETINGS, VACATIONS, OR FAMILY TIME. ON THESE OCCASIONS, AND ON ROTATING WEEKEND SCHEDULE, CARRIE SCHALLOCK, MD; MICHAEL IVCHENKO, MD; DAVID COOPERMAN, MD; JAMES BUSCH, MD AND CRAIG SEAL, MD; WILL COVER FOR EACH OTHER FOR DELIVERIES AND OTHER EMERGENCIES. THE COVERING DOCTOR CAN BE REACHED BY CALLING **OUR** OFFICE TELEPHONE NUMBER, 24 HOURS A DAY, NIGHTS AND WEEKENDS. OUR PHILOSOPHY CONCERNING PRENATAL CARE, TYPE OF DELIVERY, MONITORING LABOR, REASONS FOR CESAREAN SECTION, ETC. ARE VERY SIMILAR FOR CONTINUITY OF CARE.

WE HOPE YOU HAVE A VERY PLEASANT EXPERIENCE WITH US AND PLEASE FEEL FREE TO ASK ANY MEMBER OF THE STAFF, IF YOU HAVE ANY QUESTIONS.

-----  
I HAVE READ THE ABOVE AGREEMENT AND FULLY UNDERSTAND IT'S CONTENT.

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
DATE