



### OBSTETRIC CARE CONTRACT FOR CASH/SELF-PAY PATIENTS

Welcome to our office. We are excited that you have selected our practice during this exciting and happy time for you. Below are some of our guidelines for our self-pay patients. This information has been provided to you so that you may have a better understanding of the fees associated with your OB care. These fees are for your prenatal visits, delivery and post-partum care. This is called the "global" fee.

There are several points that you need to approve before becoming a patient for our practice:

\_\_\_\_\_1. The discounted price for the care for the whole prenatal and **vaginal delivery** is **\$3,100**. If you wish to pay in full at the time of your first visit, we can offer a onetime discount of 25%, making your new total **\$2,325**. Please note that these fees do NOT include any tests ordered such as fetal non-stress tests or ultrasounds. These fees only include your *routine* OB visits, deliver, and post-partum care.

\_\_\_\_\_2. The discounted price or the care for the whole prenatal and **caesarean section** is **\$3,600**. If you wish to pay in fill at the time of your first visit, we can offer a onetime discount of 25%, making your new total **\$2,700**. Please note that these fees do NOT include any tests ordered such as fetal non-stress tests or ultrasounds. These fees only include your *routine* OB visits, deliver, and post-partum care.

\_\_\_\_\_3. If the original plan is for you to have a vaginal delivery and you end up having a caesarean section, **you are responsible to pay the difference of \$500.00 immediately**.

\_\_\_\_\_4. During your prenatal care, you will need ultrasounds. **The discounted price per ultrasound in our office is \$120**.

\_\_\_\_\_5. During your prenatal care, you will also need to have a pap smear and cultures. You will receive a bill from the lab for the processing of these samples.

\_\_\_\_\_6. It is imperative during your prenatal care to have blood tests drawn at certain stages during the pregnancy. You will go to the lab for this purpose, and they will send you a bill for their services provided.

\_\_\_\_\_7. **The cost of your prenatal care and delivery must be paid in full by the 32<sup>nd</sup> week (month 7) of our pregnancy.**

\_\_\_\_\_8. Based on your weeks of gestation, you will be required to pay\_\_\_\_\_at each visit.

\_\_\_\_\_9. **You agree to come to your scheduled visits and understand that you have a responsibility with your baby's health and this practice. Failure to come to our visits or pay the established fees will result in automatic dismissal from the practice. There will be no refunds for money collected from prior visits if you are dismissed from the practice.**

Please note that the following are an estimate. Final charges will not be known until Doctor completes the visit. Cash pricing only available if you pay at the time of service.

| <u>Services Performed</u>                             | <u>Cash Price</u> | <u>Regular Price</u> |
|---|-------------------|----------------------|
| Confirmation of Pregnancy                             | \$470.00          | \$627.00             |
| New Patient Office Visit                              | \$318.00          | \$424.00             |
| Established Patient Office Visit                      | \$222.00          | \$297.00             |
| First Trimester Abdominal Ultrasound                  | \$223.00          | \$298.00             |
| Second/ Third Trimester Abdominal Ultrasound          | \$287.00          | \$383.00             |
| Early Screen Nuchal Translucency Ultrasound           | \$191.25          | \$255.00             |
| Transvaginal OB Ultrasound                            | \$153.00          | \$204.00             |
| Fetal Biophysical Profile, with non-stress testing    | \$195.00          | \$259.00             |
| Fetal Biophysical Profile, without non-stress testing | \$141.75          | \$189.00             |
| Non- stress testing                                   | \$75.50           | \$100.50             |

**Schedule of Visits:**

When you call for your first appointment, you will be scheduled for a confirmation of pregnancy visit. There is a charge for this initial visit. However, once your pregnancy care has been established all routine care rendered during the pregnancy is included in the “global” obstetrical fees listed above. This care includes physical examinations, recording of weight, blood pressures, fetal heart tones, routine chemical urinalysis, and monthly visits up to 28 weeks’ gestation, biweekly visits to 36 weeks’ gestation, and weekly visits until delivery. Any other visits or services within this time-period are billed separately. Delivery services include admission to the hospital, the admission history and physical, management and uncomplicated labor, vaginal delivery or caesarian delivery. Medical problems complicating pregnancy and labor and delivery management may require additional resources and may be billed separately.

**The fees listed above are charges generated from our office; they do not include charges from the hospital, outside laboratory, anesthesiologist, pediatrician, or any other facility that we may refer you to during your pregnancy.**

**Patient Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_