

Payment plans.

1st Visit

Vaginal/Cesarean \$700.00 1st visit.

This payment leaves a balance of \$1,100.00/\$1,400.00/\$1500/\$1800

2nd and subsequent visits

This balance is divided into _____ (number of months left in pregnancy)

This leaves your monthly visit \$ _____, payment cost must be paid by 32 weeks.

Patient must be seen by Tristate ObGyn PC during the entire pregnancy. Failure to make payments in full before delivery will lead to discharge from Tristate Obgyn PC, unless an emergency occurs. **No refunds will be made under either or any circumstance.**

Extra charges: Tests performed at the doctor's office must be paid at front desk. If in doubt, please do not hesitate to ask before test is scheduled/given.

Additional Services & Fees Not Covered In Prenatal Package

- Office visits unrelated to pregnancy - \$75
- 3D Ultrasounds : \$75 additional charge
- Fetal Non Stress Testing - \$60
- Circumcision -\$200
- RhoGam Injection with Administration: \$125
- Hospital Visits: Cost Dependant
- Hospital Fees: Contact hospital directly for information
- Pediatrician Fee: Contact the pediatrician's office for information
- Epidural/Anesthesiologist Fees: Contact hospital directly for information

*******\$100 Discount if Package paid IN FULL by the 2nd pre-natal visit**

Thank you for your cooperation. It is our desire that you and your baby have good quality medical care and therefore good health. If you have any questions please call 901-590-4428.

Signature _____ Date _____