



## Obstetric Financial Policy

### Obstetric patients with Insurance coverage

Thank you for choosing Pearl OBGYN Associates for your pregnancy and delivery. In an effort to keep your healthcare costs to a minimum, we have adopted the following policies. Your understanding of these policies is important. Please review this document and contact our billing office with any questions you may have. **We encourage all patients to become familiar with their medical insurance coverage and pre-certification requirements.** Please notify us of any insurance change during your pregnancy. You are required to have a photo ID and insurance card at each visit.

**Global Care:** Your insurance company describes this as all visits relating to your pregnancy from the initial prenatal visit until 6 weeks after delivery, including your delivery. Global billing means that you are not billed for each visit; rather most services will be billed in a single charge at the time of delivery. **Standard Fee for OB care and Vaginal Delivery: \$3115 C-section \$3205**

**Labs and ultrasounds** are not considered to be part of the global fee and are billed separately at the time of service. Depending on your insurance coverage, you may be responsible for a portion of these charges. **Ultrasounds fees range from \$350-\$500, Lab test price varies.**

**Patient Portion and OB payment plan:** The billing staff will contact your insurance company to obtain benefits for pregnancy and verify if precertification of services is required. You will then be contacted to set up a payment plan for the estimated cost of the OB care.

**OB payment plan:** Your insurance will advise us of your portion of the global fee. If you have financial responsibility, we will create a payment plan that divides your total amount due into a monthly payment for you.

*You have received and signed this form as part of your initial New OB patient registration packet. This is your copy of the financial Policy for review.*