SALIDA FAMILY MEDICINE

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OBSTETRICAL CARE - FINANCIAL AGREEMENT – 01/01/2013

Thank you for choosing us to serve your obstetric needs. Below is a summary of our charges for routine OB care. Please review this information carefully and let us know if you have any questions, comments, or concerns.

Obstetric Care begins on the first visit following a confirmed pregnancy. It continues through out the pregnancy (according to the schedule outlined below) and includes two visits following your delivery.

Visit Schedule		Vaginal Payment	C-Section Payment
2nd month – 4-8 weeks	1 visit	$404.00	$447.00
3rd month – 9-12 weeks	1 visit	$404.00	$447.00
4th month – 13-16 weeks	1 visit	$404.00	$447.00
5th month – 17-21 weeks	1 visit	$404.00	$447.00
6th month – 22-26 weeks	1 visit	$404.00	$447.00
7th month – 27-31 weeks	1 visit	$404.00	$447.00
8th month – 32-36 weeks	2 visits	$404.00	$447.00
9th month – 37-41 weeks	4 visits	$404.00	$447.00
Postpartum care 2 visits			

The total cost for ***routine*** obstetric care including prenatal care, **vaginal delivery** and ***routine*** postpartum care is $3230.00. The total cost for routine obstetric care including prenatal care, **C-section delivery** and ***routine*** postpartum care is $3580.00. Please note these charges are based on ***routine*** obstetric care and *do not* include charges that may be incurred by complicated pregnancy and/or delivery. The charges also *do not* include charges for office visits unrelated to your pregnancy or charges incurred from your hospital stay, anesthesia, fetal stress tests, ultrasounds, etc. However, the charges ***do*** include the doctor's hospital visits, up to a 3 day stay, and two follow up ***routine*** office visits.

Insurance claims will be filed on behalf of insured patients upon delivery. For non-insured patients we expect all charges for your care to be paid according to the payment schedule set forth above, to be completed in the ninth month of pregnancy. Scheduled payments not made may bear interest at the rate of 2% per month (24% per annum). In the event your account is referred to a collection agency, you will be held responsible for all collection costs including reasonable attorney fees. If your payment schedule is in arrears, the doctor may elect not to continue your care.

Newborn care, provided at the hospital, will be an additional $89.00 for the first day and at least $48.00 for each subsequent day. Please note, if the Dr. performs a circumcision, an additional charge of $258.00 will be added to your account. These charges must be paid no later than one month following delivery. Again, these charges are based on ***routine*** newborn care and do not include charges that may be incurred due to complications If during your pregnancy you become eligible for insurance that will cover the cost of your care and delivery you must notify our office immediately. You will be responsible for all charges incurred prior to your eligibility date. Medicaid recipients must provide our office with a copy of the letter received from Medicaid notifying them of eligibility and effective date.

I agree to pay $_____ per month starting on _____ and the payment is due on the _____ of each month thereafter.

Your signature indicates you have read and understand the above and agree to the terms set fourth.

_____ _____
(Signature) (Date)