

OBSTETRICAL SERVICES

We provide the following information to familiarize you with the way obstetrical services are handled at our office. If you have questions at any time, please let us know.

Basic uncomplicated maternity care, which is billed under a **GLOBAL FEE**, includes three components: routine antepartum care, delivery and postpartum care.

Antepartum Care

- ◆ Initial history and physical examination
- ◆ Weight recording
- ◆ Blood pressure checks
- ◆ Routine urinalysis
- ◆ Hematocrit
- ◆ Fetal heart tones
- ◆ Measuring fundal height
- ◆ Monthly visits through 28 weeks (7th month)
- ◆ Biweekly visits to 36 weeks (8th month)
- ◆ Weekly visits from 36 weeks to delivery (9th month)

Delivery

- ◆ Management of uncomplicated labor
- ◆ Uncomplicated delivery (C-section, VBAC or complications have a higher fee than vaginal)

Postpartum Care

- ◆ Hospital visits
- ◆ Postpartum office visit

What is **NOT** Included in Global Fee – (Some tests are optional....some are not.)

Includes, but is NOT LIMITED to:

- ◆ Initial visit to determine pregnancy and pap smear (if indicated)
- ◆ Initial OB blood panel (Includes: blood type, antibody screen, Rh factor, CBC, hepatitis, rubella, syphilis, gonorrhea, chlamydia and HIV)
- ◆ Urine culture
- ◆ Cystic fibrosis testing (done @ 16 weeks)
- ◆ Dating ultrasound
- ◆ Maternal ultrasounds (@ 19-21 weeks)
- ◆ Glucola test for gestational diabetes (done @ 28 weeks)
- ◆ Amniocentesis
- ◆ Fetal stress / nonstress test
- ◆ Office visits for anything other than **routine** pregnancy care
- ◆ Hospital services on a date **other than** delivery date; for premature labor or complications

All tests have charges for both obtaining or administration AND interpretation.

The following screening tests are optional:

◆**First Trimester Screen** (done between 9-14 weeks):

- PAPP-A Blood test
- Nuchal Translucency ultrasound
- Perinatologist's consultation fee

◆**Second Trimester Screen** (done between 15-20 weeks):

- Quad Screen (AFP, hCG, uE3, Inhibin A)
- AFP only

If our physicians provide ONLY antepartum care, delivery, postpartum care or partial antepartum care, the components must be charged out separately rather than globally.

The fees charged by our office are for the physician ONLY; you will be billed separately for hospital charges, lab charges and other related services.

FINANCIAL ARRANGEMENTS

If you have insurance coverage, we will submit the claims to your insurance carrier and assist you in obtaining the reimbursement that they owe you. However, that relationship is between you and your insurance carrier. Our fee, on the other hand, is a business arrangement between you, the patient, and our OB group and does not directly involve your insurance carrier. You are ultimately responsible for payment of your bill with our office.

Per your insurance company, your benefits are as follows:

Insurance Company _____
Deductible _____
Co-insurance _____
Maximum out-of-pocket _____

Our charge for Global Fee _____ (Vaginal, C-section, VBAC)

Estimated insurance allowable: _____

Estimated total due to our office: _____

_____ Monthly OB payments of _____ starting _____

Our global fee will be charged out after you deliver. If you have an unexpected C-section, multiple births or any complications, our fee will be higher than stated. By making your monthly OB payment, you know that at least most of our bill that is not covered by your insurance will be paid by the time you deliver. If the insurance payment exceeds the balance due at the time of delivery, a prompt refund will be made to you.

I have reviewed the above financial agreement and agree to its terms. I understand that I am financially responsible for all charges arising from treatment in this office. The charges listed above are for the **global fee only**, not the total maternity charges and not necessarily the total of my account.

I understand that my account will be considered delinquent if the above payments are not received on the scheduled due dates. Delinquent accounts will be turned over to our collection agency.

Patient Name _____

Signature of Patient or Guarantor

Date

Authorizing Signature

Date

Thank you for choosing our office for your obstetrical care. If you have any questions or if any problems arise, please don't hesitate to call.

KALISPELL OBSTETRICS & GYNECOLOGY PLLC
Kathleen G. Nelson, MD
Gwenda C. Jonas, MD
John Lavin, MD
Thomas A. deHoop, MD