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## MATERNITY FINANCIAL RESPONSIBILITY AGREEMENT

Congratulations on your pregnancy! We welcome you to Generations OB-GYN.

It is very important to have a good understanding of our maternity billing policy. We encourage you to read the following information and inquire about anything you do not understand; we do require your signature for this agreement.

Your insurance contract is between you and your insurance company. It is important to understand your coverage. *You* will need to call your insurance company to inquire about your maternity benefits. It is possible you may not have maternity coverage, or the plan may have limitations on what is covered while you are pregnant. Our office does not know the details of individual insurance policies.

Your first appointment is a consultation with our obstetrical nurses. A confirmation of pregnancy is established at this time along with a brief physical exam, a comprehensive medical history assessment along with information on proper diet, exercise and medications. The cost of this visit for a new patient is \$230.00 and for an established patient is \$180.00. This is not considered part of the prenatal care visits. After confirmation of pregnancy is established your first prenatal visit will be scheduled.

Insurance companies <u>require</u> Generations OB-GYN to submit a 'global bill' after the delivery occurs. This billing will include all prenatal visits and the delivery fee.

Exceptions to the 'global bill' are ultrasounds\*, non-stress tests, lab work and one office visit that occurs at 35 weeks gestation. These services are billed <u>as</u> they are rendered. While you are pregnant, we do not send out monthly statements; rather, our front desk staff will collect any amount due at your visits. \*Some insurance companies do not cover multiple ultrasounds.

Please be advised Generations OB-GYN does not participate with any form of Medicaid. We will not bill Medicaid for any services, including the baby boy's circumcision.

Generations OB-GYN Charges:	\$2,000.00	Prenatal Visits
_	\$2,000.00	Vaginal Deliver
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\$2,100.00 Cesarean Delivery

Thank you for choosing Generations OB-GYN for your pregnancy care. If you need further information or have any questions, please call the billing department.

YES, I have read and understand the Generations OB-GYN Maternity Billing Policy.			
Patient Name (printed)	Date		
Patient Signature			
{A copy of this information is included in the mate	ernity packet}		

## Providing Excellence In Women's Healthcare

Rev 1/20

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