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Toll Free 1-855-GO NFLWC (855-466-3592)

## Statement of Obstetrical Financial Responsibility

Patient Name: Test Test

Date of Birth:

Congratulations and welcome to North Florida Women's Care!

Please read carefully for a brief outline of our billing policies. Please be advised that ultimately, the patient is responsible for all charges accrued.

Vaginal Delivery:	\$4,490 *	Circumcision:	\$350
C-Section Delivery:	\$6,970 *	Rhogam:	\$145
Ultrasounds:	\$250-\$363		

*\*Charges will vary for multiple births.*

Patients are responsible for their portion of ultrasounds, non-stress tests, labs, injections, and other office services.

All outside services (i.e. – anesthesia, hospital fees, labs, etc.) are NOT included in our global fee and will be billed separately from the facility where the services are rendered.

PLEASE CONTACT YOUR INSURANCE COMPANY FOR COVERAGE RELATING TO ULTRASOUNDS. ULTRASOUNDS ARE NOT INCLUDED IN THE GLOBAL FEE AND ARE BILLED SEPERATELY. THERE IS A POSSIBILITY THAT ULTRASOUNDS ARE NOT COVERED, OR ARE LIMITED, DEPENDING ON YOUR INDIVIDUAL POLICY GUIDELINES.

Basic OB care usually includes monthly visits up through 28 weeks, biweekly visits through 36 weeks and weekly visits at 37 + weeks; management of uncomplicated pregnancy, delivery, and a 6-week postpartum visit. We will usually bill for additional services as they occur and your co-pay / percentages are due when services are rendered. If we did not bill for additional services as they were rendered, we will bill for them after delivery when we do a final review and submission of the delivery charges to your insurance. Each pregnancy is different; therefore, additional charges are not included in this estimate but are still your responsibility.

The charges above are an estimate. Your responsibility is ultimately based on all charges, and your responsibility on each of these charges. You may have a balance on your account after delivery and after all insurance payments have been made. Any balance will be due in full 30 days after insurance pays or 60 days after delivery.

With Global Maternity Billing, routine OB office visits are included in the delivery. If a patient transfers out of our practice before delivery, each OB visit is billed individually to the insurance company.

Please contact our insurance and billing department at (850) 878-6284 with any questions or concerns.

Sincerely  
North Florida Women's Care  
Insurance & Billing Department

## North Florida Women's Care Obstetrical Care and Circumcision Financial Policy

We are pleased that you have selected North Florida Women’s Care (NFLWC) for your obstetrical care.

We have confirmed your insurance coverage and verified your specific obstetrical care benefits with your health plan. However, coverage confirmation is NOT a guarantee of payment by your insurance company. Any non-covered services are your responsibility. For example, most insurance plans do not cover multiple ultrasounds. We ask that you also contact your insurance company to confirm your coverage. Notify our office immediately, if you receive information different from what we have quoted. Please provide a copy of their calculations.

Your estimated financial responsibility for your OB care is detailed below. Prepayment is required for your portion of the delivery charge and all routine obstetrical charges (including ultrasounds). This amount is due in full by the date specified below. **The amount collected is an estimated amount.** Additional charges may be incurred and payment will be due immediately after your insurance company processes the related claims. Charges quoted are for your physician only. They do not reflect hospital, lab, pathology, perinatology or other outside charges.

If you elect to have a circumcision for your dependent and are considered self-pay, a \$350 payment is required before your delivery. For all other patients, you understand it is your responsibility to provide proof of active coverage for your child within 30 days of delivery. If you do not provide this information during that 30-day period, you understand that the circumcision charge will become your financial responsibility and will need to file the claim to your insurance yourself if requesting reimbursement.

We do ask that you notify our office if your insurance coverage changes or terminates. NFWC does reserve the right to discontinue care if any changes occur in your coverage without our office being notified immediately.

***I have been notified of and understand NFLWC's Obstetrical Care and Circumcision Financial Policy. I understand that my estimated financial responsibility is due in full by the date specified and that the dollar amount due is only an estimate. I may be responsible for additional charges incurred.***

***I have also been informed that if my dependent receives a circumcision, I am responsible for adding my dependent to my insurance policy so that NFLWC can bill this charge. Most plans require you to add the baby as a dependent in order for the circumcision to be paid. Most plans allow you to pre-register newborn before delivery. Otherwise, contact carrier immediately after the baby is born. The balance for the circumcision will become my responsibility to be paid in full if I fail to provide NFLWC with the appropriate insurance information for my dependent.***

***I also understand that if my insurance benefits change or terminate during my pregnancy, it is my responsibility to notify NFLWC immediately. Any charges incurred while I am not covered by this insurance policy will become my financial responsibility and will be due immediately.***

Name: Test Test

Date of Birth:

Test Test

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date