

FINANCIAL AGREEMENT FOR OBSTETRICAL PATIENTS

Name: _____ Date: _____

All obstetrical fees in this office are set up according to federal regulations and include the following:

- 1) Normal obstetrical office visits from prenatal work-up through the six week postpartum exam.
- 2) Normal vaginal delivery and physician care during the postpartum hospital stay.
- 3) Urinalysis lab work done in the office as part of routine prenatal visits.

The package fee does not include:

- 1) Extra charge for Cesarean section.
- 2) Extra office or emergency room visits or hospital admissions for non-obstetric reasons or pregnancy complications.
- 3) Blood work or other specimens sent to outside laboratories.
- 4) Ultrasound examinations or fetal non-stress testing.
- 5) Epidural anesthesia.
- 6) Circumcision of male infant.
- 7) Collection of fetal cord blood at time of delivery for stem cell banking.

You can expect to be billed by either this office or elsewhere for the above services or any others which are incurred for reasons other than normal pregnancy.

It is very rare for any insurance to pay 100% of all charges. Early during your pregnancy care we will calculate the approximate amount that you will be responsible for paying for normal obstetrical care and will determine an amount for you to pay on a monthly basis (usually at the time of your regular prenatal visits) so that your balance is paid off by your 28th week of pregnancy. Be aware that you may receive a bill from our office for your portion of any extra services listed above, or if your insurance company ultimately pays a smaller portion than what was promised to our insurance personnel at the beginning of your pregnancy. If the insurance payment is more than originally estimated, you would then receive a refund check from our office for any excess payment over what was owed.

Remember that the agreement you have with your insurance company is your responsibility to understand and work out, and that the doctor cannot change the terms of your contract. The final obligation for the bill is therefore yours and not the insurance company's. Should they determine you were ineligible for coverage or you cancel your policy before delivery, you will be responsible for the entire amount. Your insurance coverage will be re-verified from time to time during pregnancy.

If you have no insurance coverage or if it becomes inactive for any reason during pregnancy, we will set up monthly payments so you can have the package fee paid off by the 28th week of pregnancy. If any additional services are rendered you will receive a bill for these after delivery. Should you decide you cannot meet this payment schedule or are unable to do so we will try to help you secure an appointment elsewhere.

Any accounts not settled by three months after delivery (or final insurance payment if coverage is in force) or termination of services will be turned over either to a professional credit collector or attorney. We feel our policy is similar to, if not more equitable and less stringent than, those of most offices locally and nationally.

By your signature below you agree:

- 1) I have read the above information and had the opportunity to ask questions, and I agree to the payment provisions described therein.
- 2) I authorize the release of medical information from my office and hospital records to my insurance company as needed to process my claim.
- 3) I assign payment of insurance benefits to Eddy OB/GYN, PLC.

(Printed Name)

Signature

Date

(Printed Name of Witness)

Signature

Date

**Eddy OB/GYN, PLC.
215 S. Dobson Road, Suite 1
Chandler, AZ 85224**