

THE WOMEN'S CARE CENTER PC

SELF PAY OB POLICY

This policy supersedes any prior policy for self pay OB patients.

EDD ___/___/_____ Anticipated delivery mode - (Vaginal / C-Section)

We do not see people who do not desire the global care/delivery. The global care rate starts after the first confirmation of pregnancy visit- scheduled every 4wks till 28wks, every 2wks till 36wks, then weekly till delivery.

Self pay rates for:

1. Global Vaginal Delivery. 3020.00
2. Global Cesarean Section. 3632.00

If paid by 24wks, a 500.00 discount will be given. If unpaid by 28wks you will be dismissed and billed per visit.

THIS FEE DOES NOT INCLUDE LABS, ULTRASOUND or ANY SPECIAL TEST, THEY ARE BILLED SEPERATELY.

If during care an unexpected procedure occurs you will be billed separately for it and expected to pay within 2 weeks of the delivery.

It is your responsibility to pay this bill and your signature below confirms there is no confusion and you accept the anticipated charges.

These OB charges are separate and unrelated to any other fees which arise from the hospital, and or Anesthesia Epidural fees both of which could run up to \$10,000.00. We are independent of the delivery fee and we deliver ONLY at Presbyterian Hospital, Huntersville.

WE WILL NOT RETRO BILL ANY INSURANCE PLAN AFTER THE FACT.

Patient: _____ Sign: _____ Date: ___/___/___

Guarantor: _____ Sign: _____ Date: ___/___/___

Notarize and return

Anticipated 24wks: ___/___/___

Anticipated 28wks and payment due to be completed: ___/___/___

TWCC Representative: _____ Date: ___/___/___

Drivers License # _____