



Prenatal Care: Patient's Financial Responsibility

Pregnancy is an exciting time and we are happy you chose us to help you through this journey. Prenatal care can also be very expensive and we want to make sure you are aware of potential costs that you may be responsible for.

Prenatal Care:

OB/GYN Partners for Health charges a global fee for routine prenatal care. The global fee for a normal vaginal delivery without complications includes all routine pregnancy related office visits, vaginal delivery, and the postpartum visit. **The fee does not include laboratory testing, ultrasounds, or additional visits due to complications of pregnancy.** It also does not include hospitalizations, anesthesia services for delivery, or pediatrician fees postnatally. These are additional services that are billed to your insurance carrier.

If you require a cesarean section, the surgeon and assistant surgeon have additional fees. Unfortunately, complications during a pregnancy or in delivery can occur. Any charges incurred for complications are not included in the global fee for a normal vaginal delivery.

Office visits for non-pregnancy related issues such as colds or urinary tract infections are typically not covered by your "global" fee and will be charged as a separate visit outside the global fee. Hospital visits outside of admission for delivery are billed separately as they are not included in the global fee.

Laboratory Testing:

OB/GYN Partners for Health is not affiliated with any laboratory. Most patients are required by their insurance to have blood work at a specific lab, usually Quest Diagnostics or Lab Corp. If your insurance requests that you go to a different lab, please inform your provider.

Standard laboratory tests in the first trimester:

CBC (check for anemia), Blood Type and Antibody Screen, Rh status (positive or negative), Hepatitis B, RPR (syphilis), HIV, Rubella (German Measles) Antibody, Urinalysis and Culture, Varicella (chicken pox), hemoglobin electrophoresis (test for specific types of anemias). Depending on your medical history, your provider may also order a TSH (screen for thyroid disease) or Hemoglobin A1C (screen for diabetes), or a vitamin D level.

Genetic carrier screening tests of the mother:

Genetic testing determines whether either parent is a carrier for certain genetic conditions. Genetic carrier testing is available as a panel that tests for multiple conditions or as an individual test for

certain diseases. Frequently tested conditions include Cystic fibrosis, Ashkenazi Jewish panel, Fragile X syndrome, Spinal Muscular Atrophy. Your provider will review genetic carrier screening with you after you complete the genetic questionnaire. Please also see the OB patient guide to find a detailed review of these diseases. **Many insurance companies will not cover these tests. These tests can be very expensive, so please check with your insurance before having your blood drawn for these tests.**

Chromosomal Screening and Diagnostic testing of the baby:

Prenatal testing will be discussed with your provider who will make a testing recommendation based on your age, personal and family history, and personal beliefs. For women 35 years of age or older at delivery, you may schedule genetic counseling to review options. Options for testing include a non-invasive screening test (NIPT) or an invasive diagnostic test such as amniocentesis or CVS. If you are under 35, consider the California Prenatal Screening test or non-invasive screening (NIPT). Genetic counseling is optional for all patients. The California prenatal screening test is covered by insurance, but the other tests (NIPT, CVS, amniocentesis) may not be covered. **Again, please verify with your insurance company before having these tests drawn as they can be very expensive.**

Financial Agreement:

For the services to be rendered, the patient agrees to accept full financial responsibility for all deductibles and co-payments that may be required by the health insurance plan. This also includes financial responsibility for all laboratory services, in office services and treatments, and supplies not covered by the health insurance plan.

I acknowledge that I have read and understand the above information and I accept its terms.

Patient signature

Date