The Family Physicians PA

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OB FINANCIAL AGREEMENT EXPLANATION SHEET

Welcome and congratulations as an OB patient

INSURANCES Our office has checked with your carrier to see if OB care is included with your coverage.
Your insurance will pay: _____

GENERAL INFORMATION

Your full OB professional fee will be $ _____
This amount covers your initial exam, routine/normal prenatal care, and the physician delivery charge for a **normal vaginal delivery**. Complicated vaginal delivery or cesarean delivery will add additional professional fees since it requires specialized care.

Some additional laboratory charges will be incurred due to testing required during pregnancy monitoring. These lab and handling charges are not included and will be billed to you separately. Injections will also be billed to you separately and are not included in the above amount. Some optional testing may be recommended.

Hospital charges, anesthesiology, medications, extra hospital supplies, or any items provided by the hospital will be billed to you directly from the hospital and are not included in our fee as stated herein.

A six-week follow-up postdelivery visit with the doctor will be required **and is included** in your OB fee. There will be lab testing required in coordination with this postdelivery visit. These charges will be billed to you separately.

A thorough check of your baby in the hospital will be completed and will be chargeable separately.

Payment schedule: Patient Name: _____ Projected Due Date: _____

Monthly Date Due	Payment Amount	Estimated Payment End Date
1) _____	_____	_____

There will be no late charge and no interest chargeable on your account.

We comply with all consumer protection truth-in-lending guidelines for payments. All fees for prenatal care and delivery are due and payable in full before the projected delivery date. Our office policy requires payment in full of the patient portion for all OB care by the eighth month of pregnancy. This financial agreement is to be agreed to and signed by both patient and office manager and explains what is covered and what is not.

Dr. _____ is in a call/coverage group. Every effort will be made to be available for your delivery; however, occasionally it will be necessary to call upon one of these physicians in our community.

Thank you for selecting us for your OB care. It is the highest compliment we can receive.

I have read and understand this agreement and agree to abide by its terms.

_____ _____
Patient Signature and Date Office Manager Signature and Date

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