OB BUDGET AGREEMENT

Patient: _____ Date: _____

MRN: _____

EDD: _____

FINANCIAL RESPONSIBILITY

Insurance Co: _____ Insurance ID: _____

Additional services not included In GLOBAL OB CARE which are subject to copay, deductible, and/or coinsurance.

Ultrasounds	Lab Work
Hospital Visits	Circumcision
Tubal Ligation	Pediatrician

FMLA/Forms ** ($50 fee not insurance resp)

DEDUCTIBLE: _____

REMAINING DEDUCTIBLE: _____

COINSURANCE: _____ _____%

OTHER (Circumcision, Tubal Ligation, etc.)__ BY 35 WEEKS_____

Total Estimated Patient responsibility: _____

Due by 35th Week of Pregnancy: _____

Maternity Services Review

At Omni Medical Center for Women, we make every effort to inform you of your financial responsibility for services provided to you. This information listed on this notification ***is only an estimate.*** Please be aware if your policy has a deductible, most deductibles are per calendar year. If your pregnancy spans over the end of one year and the beginning of the next year, you may have the responsibility of two deductibles.

Our billing for your obstetrical care follows standard billing guidelines and is billed as a global fee. This global fee includes your *routine prenatal visits, delivery and post-partum care* and is filed to your insurance company upon your delivery. All services outside of global care are billed at the time of service. You will be responsible for paying any copayments, deductibles or coinsurance resulting from additional services not included in the global fee.

Your financial responsibility is due by your 35th week of pregnancy. *This amount may change* if the status of your pregnancy changes or your insurance coverage changes. Please notify the office as soon as you are aware of any change in your pregnancy or insurance coverage. We are here to assist you in any way possible. Any refunds will be provided to the patient **once all claims have been financially satisfied through the end of your post-partum care.**

Below are some important services not included in your global maternity care:

- FMLA paperwork. Omni Medical Center will be happy to assist you with any disability and/or FMLA paperwork you may need. Please keep in mind there is a fee for this paperwork. $20 for a multipage form and $10 for a single page form. All forms required 5- 7 business days to complete and are filed directly to your employer upon completion.

By signing this form, you are acknowledging your financial responsibility.

Patient Name – Printed _____ Patient Signature _____ Date _____