



# OB BUDGET AGREEMENT - SELFPAY

Patient: \_\_\_\_\_ Date: \_\_\_\_\_  
 MRN: \_\_\_\_\_  
 EDD: \_\_\_\_\_

## SELPAY FINANCIAL RESPONSIBILITY

**Additional services not included  
 In GLOBAL OB CARE are:**

Lab Work  
 Hospital Visits      Tubal Ligation  
**FMLA/Parking Permit Forms \*\* (\$50 fee)**

Total Due: \_\_\_\_\_  
 REMAINING Balance: \_\_\_\_\_  
 OTHER (Circumcision, Tubal Ligation, etc.) **\_\_ BY 32 WEEKS \_\_**  
 Due by 32 Weeks 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. If self-pay this does not apply.

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. All services outside of global care are billed at the time of service, if you have insurance.

Your financial responsibility is due by your 32 weeks of pregnancy. This amount may change if the status of your pregnancy 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. ALL FMLA forms have an additional upfront charge of \$50. 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