



## Billing Information for Obstetrical Care

The following information has been prepared to help you understand your OB charges. These charges, depending on your specific benefits, may or may not be covered by your insurance plan. It is your responsibility to check with your insurance company regarding your specific benefits related to OB and delivery charges. Your insurance company may call us if they have any questions. All fees and prices quoted for services are estimates and subject to change.

If you are referred elsewhere for outside labs or other services, you will need to check with their billing office for current fees, billing procedures, or if a referral authorization is needed. This also includes referrals to the perinatal center.

### THE GLOBAL OBSTETRICAL CARE PACKAGE AND ADDITIONAL FEES

- Labs, ultrasounds, and any non-OB visits will be billed at the time of service. These non-OB visits will require a separate co-pay.
  - Office visits not related to obstetrical or gynecological care (i.e., for a cold, sore throat, headaches, vaginal infection, etc.) may require a referral from your primary physician. If your insurance company does not cover these services at an OBGYN clinic, or you do not obtain the proper referral, you will be responsible for the charges.
- Your OB care will be billed at the end of your pregnancy as a Global Package. The Global Package includes an average of 13 routine OB visits, urinalysis, delivery, and post-partum visit.
  - Your initial OB visit is not included in the Global Package and will be billed separately.
  - Multiple babies or complications requiring close supervision during your OB care or delivery may result in additional charges, which may or may not be covered by your insurance.
  - If you change insurance or transfer care, your OB care will be itemized/unbundled.
- Most insurance companies will pay for a routine OB ultrasound, usually done at 20 to 22 weeks' gestation.
  - Ultrasounds that are not considered medically necessary, including those to determine the baby's gender, may not be covered.
  - If you request a non-covered ultrasound, you will be responsible for the charge.
- There is an additional charge if you wish to have your son circumcised by our physicians. If we cannot verify active insurance for your son at the time of his visit, you must pre-pay. Once your son has active insurance, please contact our billing office to update the claim.
  - Your credit will be applied to any co-pay, deductible and/or co-insurance amount.
    - Any remaining credit will be refunded to you via a refund check from Premier ObGyn of MN.
- Our fees do not include hospital charges (which include room, monitoring, medications, anesthesia, etc.).
  - Please contact your insurance company to determine if the hospital you are delivering at is in your network and how many days are covered.

### NON-INSURED PATIENTS AND PATIENTS WITHOUT MATERNITY BENEFITS

- In general, costs for "normal" OB coverage and vaginal delivery run about \$6,900.00. It is our policy that accounts in good standing receive a 20% discount, which brings the approximate total to \$5,520.00. You will be asked to pay \$475.00 at your first OB visit and \$475.00 at each subsequent OB visit to help cover the cost of prenatal and delivery care.
- Any costs not covered by these payments will be billed to you at the time of service.