



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. (*ObGyn West Only*)
 - 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



Obstetrical Care Cost Estimate

The following information is a list of common services you will receive during your pregnancy along with the charges that may incurred. Please use this information to call your insurance company to verify your coverage and to plan for additional expenses.

Global Package for routine obstetrical care and vaginal delivery - \$6,838.00

Global Package for routine obstetrical care and cesarean section delivery - \$7,590.00

<u>Procedure Name</u>	<u>Procedure Code</u>	<u>Cost*</u>
Problem Related Visit	99212, 99213, 99214, or 99215	\$145 - \$468
Initial OB Visit (Exam)	99204 (new patient)	\$528
Initial OB Visit (Exam)	99215 (established patient)	\$468
Circumcision <i>(West Only)</i>	54150	\$471

<u>Blood Work/Cultures</u>	<u>Procedure Code</u>	<u>Cost*</u>
OB Panel	80081	\$240
Urine Culture	87086	\$33
Chlamydia/Gonorrhea <i>(Southdale & MetroPartners)</i>	87591, 87491	\$234
Chlamydia/Gonorrhea <i>(West & Oakdale)</i>	0353U	\$211
Herpes Simplex Virus I & II	86695, 86696	\$133
Pap Smear	88175	\$88
Diabetes Screening	82950	\$30
Hemoglobin	85018	\$20
Group B (GBS)	87150	\$117
PIH Labs	82565, 84450, 84460, 85025, 84520	\$112
Blood Draw	36415	\$12
Rhophylac	90384	\$330

<u>Ultrasounds</u>	<u>Procedure Code</u>	<u>Cost*</u>
Dating/Problem-Related Ultrasound	76817(Transvaginal), 76801(Abdominal)	\$316-\$400
Routine 20-Week Ultrasound	76805	\$461
Follow-Up Ultrasound	76816	\$376
Biophysical Ultrasound	76819 or 76818	\$293-\$401
NST	59025	\$157

**All fees are subject to change without notice*

Contact our Business Office at 651-461-8866 with any questions