

# FINANCIAL INFORMATION FOR OBSTETRICAL PATIENTS

*Please note that each insurance policy is different. We suggest you contact your insurance company or a human resources representative to determine exactly what your benefits cover. The following information is intended to provide our obstetrical patients with a guideline of what they might expect related to charges and reimbursement for services performed by our physicians. Please feel free to contact our billing department if you have any questions or require additional information.*

Your insurance carrier typically reimburses the physician a global fee that covers all routine office visits and routine lab work, in addition to the actual delivery of the baby. There are usually no additional out-of-pocket expenses charged to you for these services; however, you will be responsible for any out-of-pocket or non-covered expenses that are attributed to these services.

Listed below are services that are typically reimbursed separately and not included in the global obstetric fee. Please note that your insurance company may cover indicated services, but may require that you be responsible for co-pays associated with these services. Again, you will be responsible for any out-of-pocket or non-covered expenses attributed to these services.

- Maternal or fetal echography procedures (ultrasounds)
- Fetal biophysical profile
- Any method of amniocentesis
- Anesthesia
- Fetal contraction stress test
- Lab work and/or office visits due to an illness during pregnancy
- Fetal non-stress test (NST)
- Circumcision
- Hospital and observation care visits.

**\*\*Please note: 4D ultrasounds are currently not covered by insurance.**