

Congratulations on your pregnancy! Enclosed please find documents that will need to be filled out and brought with you to your pregnancy confirmation appointment.

Please be sure to have the following items with you:

- Completed information in this packet.
- Current insurance card and photo identification.
- Referral from your primary care doctor if required by your insurance company. If you are not sure if you need a referral, please contact your insurance company.
- If you have been seen at another medical facility for prenatal care for your current pregnancy, these records **MUST** be brought with you or received at our office prior to your visit!
- A \$250 deposit. We will verify your insurance benefits and this deposit may not be required. It is recommended that you check with your insurance company to find out what your responsibility for maternity care will be.

To provide the absolute best care and attention to you, it is required that this completed packet be brought with you to your appointment. If you have any questions, please leave that area blank and our obstetrical coordinator will be happy to assist you! If you are unable to complete this packet before your scheduled appointment, please call (904) 247-5514 to reschedule.

We look forward to providing you with top-notch obstetrical care and getting to know you throughout your pregnancy!

Thank you!

MEDICAL HISTORY

Name: _____

Date: _____

PAST PREGNANCY HISTORY

How many times have you been pregnant? (Counting this pregnancy) _____

How many live born babies have you had? _____

Are all of your live born children living? _____

Have you had any of the following?

a. Miscarriage? Yes _____ No _____

b. Stillborn baby? Yes _____ No _____

c. Children born with birth defects? Yes _____ No _____

(Ex: Spinal defect, heart defect, limb defect, Down Syndrome)

FAMILY HISTORY

Your Family

Anyone in your family:

a. Mentally handicapped? Yes _____ No _____

b. Had a child with birth defects? Yes _____ No _____

c. Cystic Fibrosis? Yes _____ No _____

Are there any diseases that "run" in your family? Yes _____ No _____

If "yes" please explain: _____

Father of the Baby's Family

How old is the father? _____

Anyone in his family:

a. Mentally handicapped? Yes _____ No _____

b. Had a child with birth defects? Yes _____ No _____

c. Cystic Fibrosis? Yes _____ No _____

Are there any diseases that "run" in his family? Yes _____ No _____

If "yes" please explain: _____

ETHNICITY

Are you or the baby's father of:

a. Eastern European Jewish origin (Ashkenazi)? Yes _____ No _____

b. Italian, Greek or Southeast Asian origin? Yes _____ No _____

c. African origin? Yes _____ No _____

(Ex: Black, Ethiopian, Haitian, Nigerian, West Indian, etc)

Have you or the baby's father been tested for:

- | | | |
|-------------------------|----------|---------|
| a. Tay-sachs disease? | Yes_____ | No_____ |
| b. Thalassemia? | Yes_____ | No_____ |
| c. Sickle Cell disease? | Yes_____ | No_____ |

CURRENT PREGNANCY

Will you be age 35 or older when the baby is born? Yes_____ No_____

Do you:

- | | | |
|---|----------|---------|
| a. Smoke? | Yes_____ | No_____ |
| b. Drink alcohol? | Yes_____ | No_____ |
| c. Use "recreational" or street drugs? | Yes_____ | No_____ |
| d. Do you have any chronic health problems?
(Ex: Diabetes, heart disease, epilepsy, etc) | Yes_____ | No_____ |

If "yes" please explain:_____

During this pregnancy have you had:

- | | | |
|-----------------------------------|----------|---------|
| a. Any type of illness? | Yes_____ | No_____ |
| b. A high fever? (102° or higher) | Yes_____ | No_____ |

Do you take medications on a regular basis?

- | | | |
|---|----------|---------|
| a. Prescription? | Yes_____ | No_____ |
| b. Non-prescription?
(Medications you can buy over the
counter without a doctor's prescription) | Yes_____ | No_____ |

During this pregnancy have you taken any:

- | | | |
|---------------------------------|----------|---------|
| a. Prescription medication? | Yes_____ | No_____ |
| b. Non-prescription medication? | Yes_____ | No_____ |

Do you:

- | | | |
|---|----------|---------|
| a. Take vitamins? | Yes_____ | No_____ |
| b. Follow a special diet?
(Ex. Vegetarian, macrobiotic, etc) | Yes_____ | No_____ |

Have you had any x-rays or any type of surgery during this pregnancy? Yes_____ No_____

Have you been exposed to any possible toxic chemicals at home or work? Yes_____ No_____

North Florida OBGYN- Beaches Division IV
Obstetrical Laboratory Service Agreement

If your insurance is contracted with an “outside” laboratory for your lab work, you can go to their facility and have your blood drawn with no out-of-pocket fee. If you decide to use an outside lab it is essential for you to have your blood work drawn within one week after your initial visit for us to provide you with the appropriate care. **Failure to do so will be considered non-compliance and may be subject to discharge from our practice.**

You are responsible to know which laboratory your insurance is contracted with. However, for your convenience, you may want to have your blood drawn at our office for a one time fee of \$50 to be paid at your first visit. This covers our costs for supplies used during the pregnancy. Our office acts strictly as a “drawing station”. Your labs will be sent to the laboratory designate by your insurance. If at any time during pregnancy your insurance changes, please notify us immediately so that we may send your lab work to the appropriate laboratory.

We cannot control whether or not you receive a bill from that lab for the services rendered. If you have any questions regarding your bill, please contact that laboratory or your insurance company. Please be aware that you will be billed directly by the laboratory for your lab work if you do not have insurance.

Additional testing may be needed that is not recognized by your insurance carrier as usual and customary and is required in order to provide quality obstetrical care. You may get a statement from the laboratory specifying that this is a non-covered service and you may receive a bill.

_____ I agree to pay the one time in office fee of \$50 today

_____ I want to go to an outside laboratory

Patient signature _____

Date _____

Staff Witness _____

Date _____

NORTH FLORIDA OB GYN, LLC

CONSENT TO TREAT FOR PREGNANCY

The Obstetricians and Certified Nurse Midwives of North Florida OB GYN, LLC wish to welcome you to our practice. We consider this to be a very enjoyable specialty because our patients are generally healthy women eagerly awaiting the arrival of their babies. We believe that good communication and an environment of mutual respect and cooperation help ensure a healthy mother and baby. We want you to be informed about the events and risks associated with pregnancy.

A patient's lifestyle is an important part of her health, pregnant or not. It is important for patients with medical conditions to work with her physicians to become as healthy as possible prior to becoming pregnant. This may include exercising, weight loss or medication changes. Obesity, smoking, poor eating habits, drug use, and lack of exercise can potentially lead to complications for the mother and baby. Patients are ultimately responsible for their lifestyle choices. Approximately 3%-4% of all babies are born with birth defects. Smoking, certain medications, illicit drugs, alcohol, infectious diseases, complications of other medical conditions such as diabetes, and hereditary conditions are a few examples that can lead to birth defects. Often there is no identifiable reason for birth defects. Stillbirth is rare and often there is no obvious cause.

Pregnancy is a normal process for women, but the risk of complications always exists. These infrequent complications may occur with little to no warning despite our best efforts to prevent them. Our goal is to educate our patients and their partners about these risks so that they are aware and better prepared in the unlikely event any of these complications are encountered.

Early Pregnancy

During the first few months of pregnancy nausea and vomiting are common. Occasionally it becomes severe enough to require hospitalization. Miscarriage occurs in approximately 20% of pregnancies. Bleeding with abdominal cramping are usually early signs of potential miscarriage. Early pregnancy loss may require surgery (Dilatation & Curettage). Loss of pregnancy after the first trimester is rare and is most often due to problems with premature cervical dilation or rupture of membranes.

Ectopic Pregnancy: Ectopic pregnancy is a pregnancy located outside the uterus, most commonly in the fallopian tube. Unchecked, tubal ectopic pregnancies can rupture and cause life threatening hemorrhage. Typical signs of ectopic pregnancy include abdominal pain, vaginal bleeding and shoulder pain. Any abdominal pain or bleeding in the first trimester should be reported to your physician. Occasionally medications can be used to treat ectopic pregnancy but more commonly surgery is needed to remove the ectopic pregnancy, tube or ovary.

Medical conditions such as diabetes, heart disease, high blood pressure, and herpes require special attention in pregnancy. It is therefore, extremely important to completely disclose all of your medical and surgical history to your physician. Pregnancy may worsen some conditions. Many of these conditions require more intensive management and may require more frequent visits to properly control. It is the patient's responsibility to keep all scheduled appointments.

Infections, mostly minor are common in pregnancy. These include upper respiratory, urinary tract, and vaginal infections. Infections in the uterus are less common but can be very serious. Any infection that occurs in a non pregnant state can also occur during pregnancy.

It is important that patients inform their physician of any Gynecological procedures they have had in the past, particularly procedures that involve the cervix.

Late Pregnancy

Complications in late pregnancy can include heavy vaginal bleeding due to placental abnormalities or location, or early separation of the placenta from the uterine wall. Other complications in pregnancy can relate to inappropriate growth of the baby, premature birth, incompatibility of baby's and mother's blood. Pregnant women are prone to develop varicose veins, phlebitis, and occasionally blood clots in the legs.

Preeclampsia (Toxemia)

Preeclampsia is a condition resulting in high blood pressure, protein in the urine, and swelling. It may be mild or severe. The hallmarks of preeclampsia are elevated blood pressure, rapid weight gain, swelling of the hands and feet, and spillage of protein in the urine. These symptoms should be promptly reported to you physician. In most cases mild preeclampsia can be managed in the outpatient setting, bur occasionally hospitalization is required. The treatment for preeclampsia is delivery of the baby. Strict pre-delivery management includes bed rest, diet modifications, medications, and fluid management. Sometimes these measures are needed to prolong pregnancy and allow time for the baby to mature enough for a safe delivery.

Eclampsia- is a severe form or preeclampsia characterized by severely elevated blood pressures, seizures, and on occasion coma. Life threatening complications for the mother can include kidney or liver failure, and uncontrollable hemorrhage.

Complications at the time of delivery

Occasionally vaginal deliveries are assisted by the use of forceps or a vacuum apparatus. These are called operative vaginal deliveries and when properly performed can be life saving for the baby. These devices when properly applied usually cause no injuries to the fetus but may leave a mark on the baby that is temporary. In rare instances, even with proper use injuries to the baby can occur. These instruments are not used unless the benefit to the mother and fetus outweigh the risks, and the mother has consented to their use. Risks include cephalohematoma (swelling under the skin with bruising of the head), cranial (skull) fractures, facial bruises, intraventricular (brain) hemorrhage, retinal hematoma (bruising of portion o the eye) and facial nerve palsy.

Rarely after delivery of the baby's head the shoulders may become entrapped behind the pubic bone and can be difficult to deliver. This condition is called "shoulder dystocia" and is very difficult to predict. Even with proper use of maneuvers to deliver the shoulders, nerve injuries to the baby's neck and upper extremities are possible. Specific risks or complications associated with these maneuvers include the need for emergency cesarean section, uterine rupture, trauma to the fetus and maternal and/or fetal death.

The placenta (afterbirth) usually is delivered in one piece but on occasion fragments of the placenta may be retained in the uterus which can cause bleeding , infection, and may require D&C, hysterectomy, and blood transfusions. Other serious complications include amniotic embolus (fluid entering the circulation) or pulmonary embolus (blood clot in the lungs).

Vaginal birth causes extreme pressures on the tissues and organs of the pelvis. This can result in tears of the vagina, rectum, cervix, or uterus which can later cause urinary or fecal incontinence and prolapse of the uterus and vaginal walls. Occasionally patients develop a large bruise or hematoma of the pelvis which may require surgery to drain. Sutures used for repair of vaginal tears or episiotomies usually heal quickly but on occasion poor healing or infection may require prolonged treatment.

Cesarean Section- is the surgical delivery of a baby through an incision through the abdomen and uterus. Cesarean Section may be required for many reasons. The baby may not tolerate labor and have drops in the heart rate. The baby may not be head first called “malposition”. The baby may not be descending through the birth canal properly. Cesarean Section as with any surgery has risks and complications. These include pain, numbness, scarring, dehiscence (separation of incision), hematoma (bruising), placenta retention, hysterectomy, risks of anesthesia, bleeding, infections, injury to the internal organs such as bladder, bowel, ureters, nerves, blood vessels and the baby itself. These complications are rare but do occur on occasion.

Vaginal Birth after Cesarean Section (VBAC) - Women who have had one previous Low Transverse Cesarean Section may attempt a vaginal delivery in a subsequent pregnancy unless her physician indicates otherwise. If VBAC is attempted and unsuccessful, repeat Cesarean Section carries a slightly greater risk of post operative infection of the uterus. The most serious complication of VBAC is uterine rupture which occurs in approximately 1% of cases. If uterine rupture occurs, bleeding which may require blood transfusion may occur as well as bladder injuries and the possible need for hysterectomy. In rare cases uterine rupture can result in fetal or maternal death.

Anesthesia - There are several types of anesthesia used in pregnant patients most commonly local, regional, or general. Any patient could have an adverse reaction to anesthesia or be allergic to the medications used. General anesthesia can rarely result in aspiration pneumonia. Regional anesthetics such as spinal or epidural can cause headaches, leg or back pain, or a drop in blood pressure and possible fetal distress requiring immediate Cesarean section.

Blood transfusions are only given when absolutely needed and can also result in allergic reactions to any of the blood components as well as a risk of transmission of Hepatitis or HIV.

After Delivery

The period of care after delivery is called the “post partum period”. Problems during this period may include itching from sutures after episiotomy or laceration repair, vaginal discharge, infection, depression, breast pain, lack of sleep, and back or leg pain from spinal or epidural anesthesia.

IT IS IMPOSSIBLE TO LIST EVERY SINGLE EMERGENCY OR COMPLICATION OF PREGNANCY. THIS “INFORMED CONSENT” IS NOT INTENDED TO ALARM THE PATIENT, BUT TO REMIND THE PATIENT THAT LIFE AND PREGNANCY ARE NOT WITHOUT RISK. WE ASK THAT YOU AND YOUR PARTNER ACKNOWLEDGE RECEIPT OF THIS INFORMATION BY SIGNING BELOW. THIS DOCUMENT WILL BECOME PART OF YOU MEDICAL RECORD. WE WILL BE HAPPY TO ANSWER ANY QUESTIONS YOU MAY HAVE. YOU MAY REQUEST A COPY OF THIS DOCUMENT FOR YOUR PERSONAL RECORDS.

My condition and the risks of these procedures and alternative treatments have been explained to me. I have had an opportunity to ask questions and I understand the information I have been provided. I agree to follow any and all pre and post procedure instructions given to me and to contact the office if I have any problems.

My provider will test me for chlamydia, gonorrhea, hepatitis B, HIV and syphilis as required by Florida law 64D-3.042. I understand I can refuse any or all of these tests and must inform my provider in writing if I wish to refuse these tests.

I understand my provider may test me for drug/alcohol use and that the test results are considered to be super confidential information. The test results may only be released by specific written authorization, court order or as required by law. I understand that the test results are necessary to provide appropriate care to me and my unborn child.

I acknowledge that I must keep all appointments and call in blood sugars and blood pressures if so directed. It is SOLELY my responsibility and if I do not comply, it will be considered an episode of non compliance and may result in being discharged from the practice.

I, _____, consent to allow the physicians and providers, which may include ARNP and ARNP Certified Midwives of North Florida OB GYN, LLC. to treat me for my pregnancy and understand that they may need to perform certain procedures as described above and any additional procedures they deem medically necessary unless I refuse such procedures at that time.

I specifically authorize the release of all prenatal records, including super confidential information (i.e. HIV-AIDS, sexually transmitted diseases, mental health and drug/alcohol), to the hospital for the purpose of treatment of myself and my unborn child during: (i) my pregnancy, (ii) labor and delivery and (iii) antepartum care.

(Signature of patient or legal guardian)

(Date)

(Signature of partner)

(Date)

(Signature of witness)

(Date)

NORTH FLORIDA OB/GYN LLC
CIRCUMCISION CONSENT FORM

PROCEDURE – CIRCUMSICION

Removal of a portion of the foreskin from the penis, with or without the use of a local anesthetic.

PURPOSE OF THE PROCEDURE

To remove a portion of the foreskin for cosmetic, hygienic or cultural reasons.

POSSIBLE ALTERNATIVES

Do nothing.

RISKS OF THE PROCEDURE:

Bleeding, infection, pain, allergic reaction to medication that may be used for numbing the penis or latex. Possible scarring, injury to the penis or urethra or repetition of the procedure if not enough of the foreskin is initially removed.

RISKS IF PROCEDURE IS NOT DONE:

None unless the procedure is medically indicated.

My child's condition, these procedures, alternative treatments (including no treatment) and the risks of these procedures have been explained to me. I have had an opportunity to ask questions and I understand the information provided.

I understand that any tissue removed will be sent for further evaluation as appropriate and it is my responsibility to make sure I am given those results. I also agree to follow any pre and post procedure instructions given to me and to contact the office if I have any problems.

I, _____, consent to allow North Florida OBGYN, LLC- Beaches IV physician to perform the procedures described above and any additional procedures that they find necessary at the time unless I refuse such procedures at that time.

(Signature of patient or legal guardian)

(Date)

(Signature of witness)

(Date)

Please sign below if you do not wish to have a circumcision performed on your child:

After careful consideration of the risks and benefits of this procedure as well as the risks of not having it done, **I do not** wish to have my child circumcised. I take full responsibility for the consequences of not having the procedure done.

(Signature of patient or legal guardian)

(Date)

(Signature of witness)

(Date)

Routine Obstetrical Care Costs

Basic Comprehensive Obstetrical Care, vaginal delivery	\$3412.00
Basic Comprehensive Obstetrical Care, cesarean delivery	\$3867.00

Not Included in Obstetrical Care

If you choose to have your lab work collected in our office, there is a one time convenience fee of \$50. This fee will include only the collection of blood/urine specimen. The lab will charge your insurance/you a separate fee to run tests. This fee includes most prenatal blood work.

Circumcision- Any additional cost for circumcision will be due before the delivery of your baby boy. The self pay cost of circumcision is \$250. If you are self pay (no insurance) or have Florida Medicaid, this cost will need to be paid in full by your 36th week. If there is any responsibility with your private insurance (Blue Cross Blue Shield, Aetna, United Healthcare, Tricare, MMSI, etc) it will need to be paid before your 36th week of pregnancy.

Ultrasounds- will be billed to your insurance and depending on your coverage, you may have additional financial responsibility. Ultrasound prices for a single baby are approximately \$200-\$262. You may have an optional 3D sonogram for entertainment purposes only between weeks 26-30 of your pregnancy. The cost of our 3D ultrasound is \$150.

Fetal non-stress tests- this is a test done later in pregnancy due to certain complications and the cost of this test is \$117. It will be billed to insurance and you may have financial responsibility depending on your insurance benefits.

Injections will also be billed separately to your insurance/you. Prices for injections vary depending on the type of injection.



LABOR & DELIVERY VIDEO TAPING GUIDELINES

Video taping is allowed in labor and delivery according to the following guidelines:

- ◆ **The use of audio-visual equipment, which includes, video cameras, tape recorders, digital or cell phone cameras and still photography, is not permitted during the delivery of the newborn. This includes vaginal deliveries as well as Cesarean sections.**
- ◆ **The use of audio-visual equipment may be used during the course of labor when procedures are not being performed. It also may be used after the delivery of the newborn, when nursing care is completed, as instructed by your nurse.**
- ◆ **Videotaping will be with the consent of the mother. The privacy of all patients will be maintained at all times.**
- ◆ **The camera operator will stop taping at the request of the physicians, nurse or pediatric personnel if complications develop.**
- ◆ **It is recommended that video cameras should be battery operated. The use of electrical cords may cause a safety hazard.**
- ◆ **Videotaping during direct patient care procedures is not allowed. These procedures include: epidurals, spinals, catheterization, etc.**
- ◆ **Labor and Delivery visiting policies will be in effect for anyone transferred to the operating room. Only one support person is allowed in the delivery room. No video camera is permitted in the operating room. Still cameras may be used, but only after nursing care of the newborn is completed. Your nurse will guide you.**
- ◆ **Videotaping in the recovery room may be permitted at the recovery room nurses' discretion. There may be several patients in the recovery room at the same time. Patient privacy will be respected at all times.**
- ◆ **Not everyone wishes to be videotaped. Please be aware of that and ask before taping hospital personnel.**

HELPFUL HINTS

Be familiar with your camera equipment before being admitted to the hospital.

Extra film and batteries may be needed. Have plenty on hand.

Keep video camera batteries charged and ready to use.



Self pay patients OB/GYN
(or in the event you may become a self pay patient)

Please contact Chris Hancock, Maternity OB registration at Baptist Medical Center-Beaches to make payment arrangements prior to your delivery. A \$2000 hospital deposit is required prior to your delivery. You can reach her at (904) 627-2932.

Please contact Kimberly Stewart for payment arrangements regarding anesthesia. The office phone number is (800) 237-6723 ext 2631. Services provided to you by the anesthesiologist are not included in the surgical or hospital fee. It is your responsibility to contact the billing department prior to your scheduled procedure.

Patient signature _____ Date _____

Patient's telephone number _____

Staff witness _____ Date _____

Note: Office staff- please fax this form to Chris Hancock at (904) 627-1129.

Medicaid/Self Pay Circumcision Agreement

(form must be signed by all patients!)

Patient name: _____ Date of birth: _____

Medicaid ID: _____

I have been informed that in the event my baby is a male:

- My insurance, Medicaid for Pregnant Women of Florida, does not cover circumcisions

or

-I am self pay and will be paying for a circumcision. (or in the event of insurance loss, I may become self pay)

I have decided and give my consent for the procedure and local anesthetic to be done. I have been notified that the cost is \$250.00 and due by me before my 36th week of pregnancy. I understand that if I do not comply with the terms of this agreement that the procedure will not be done for my baby.

Patient signature: _____ Date: _____

Witness: _____ Date: _____

North Florida OBGYN, LLC

Obstetrical Care Financial Information and Contract

Routine Obstetrical Care includes a routine exam, the prenatal (before the birth of the baby) office visits, the delivery of the infant, and post partum (after the birth) care including the postpartum office visit – typically at 6 weeks after delivery. This is often covered under one “Global OB fee.”

Professional services, which are medically indicated, are provided in addition to the global OB fee are billed and paid separately - some at the time of service, others are occasionally billed to your insurance. Examples of services which are in addition to the routine global fee are: High Risk pregnancy, RhoGam injections, ultrasounds, amniocentesis, non-stress tests, biophysical testing, HIV testing, hospitalization during pregnancy, office visits for a problem not related to your pregnancy, anesthesia costs related to delivery, additional costs related to a Cesarean or VBAC (vaginal birth after previous c-section) delivery, assistant surgeon required during delivery, tubal ligation and circumcision of a male infant. Lab work is typically billed by the lab providing the test. If you have had a previous C-section, were considered high risk or are planning a tubal ligation, please advise our office. Co-pays are required for non-pregnancy related (ex – sinus headaches, urinary tract infections, etc.) office visits.

Some services are not covered by your insurance. This would include elective ultrasounds or lab work drawn at our office for your convenience, all forms –disability, FMLA, return to work. The fees for these services must be paid for at the time of the service.

Your Insurance: We verify with your insurance company that you have coverage and what is included in their global fee allowance. We do this, so that we can help you understand your coverage and set up a payment plan as needed. We verify this several times during your pregnancy. The estimate of benefits quoted is not a guarantee of benefits and is based on the current information that you have supplied us. We advise that you check with your insurance company as well. We can not be responsible for any discrepancy between the estimate and the actual payment from your insurance carrier.

If you change insurance or your job, please inform us immediately, so we may help you avoid being denied coverage. We cannot be responsible for any incorrect information or changes. All of the information must be provided to us by you! It is your responsibility to make sure this information is correct and updated at all points of your pregnancy. Please make sure we have the most recent, updated copy of your insurance card, as we will keep a copy in your chart.

The amount you owe for your **co-payments, deductibles and co-insurance** for the delivery and other planned services (tubal ligation, circumcision) **must be paid in full no later than the 28th week** of your pregnancy. Our policy requires a deposit with mutually agreed upon payments, usually on the 16th, 20th, 24th and 28th week or at any visit prior to the 28th week. **Failure to make a payment and meet this responsibility may result in your discharge from our practice.**

We file with your insurance plan for your routine OB care immediately after delivery. If your insurance has not paid within 90 days, you are responsible for the balance. You are ultimately responsible for payment of all services provided.

Referrals, Authorizations and Precertification of Insurance: It is **your** responsibility to obtain any referrals necessary for your primary care physician or as your insurance company requires. We will obtain necessary authorizations, including high-risk authorizations.

Most insurance companies require you to contact their Pre-certification department within 24 hours of delivery. Please verify the Pre-certification department’s phone number and have it available as your expected date of confinement approaches. Failure to pre-certify your delivery can cause a reduction in the payment or denial of your

OB-care claims. The responsibility for the balance is then transferred to you for payment in full. You should contact your insurance company to answer any questions about the pre-certification process.

Circumcisions: If you have a male child who you would like circumcised, you must provide the information needed within 30 days after delivery, including his name and confirmation he has been added to you or your husband's insurance plan. If your child will be added to your spouse's insurance instead of yours – you must supply our office with his insurance information so we might bill correctly. If circumcision is covered, we will bill the insurance company, otherwise you must pay for the service before rendered. If you are a dependent on your parents insurance and have a male and a circumcision is requested, you will be required to pay for the services.

Sonogram Policy: During your pregnancy, we may be performing ultrasound studies on your baby in our office. This includes taking specific measurements and studying the anatomy and the vital organs of your baby. While a complete sonogram will detect many abnormalities, it should not be considered as absolute proof of an absence of fetal defects or problems. It is important the sonographer has a quiet atmosphere in which to concentrate. We ask you bring no more than two (2) guests to your ultrasound appointments. Any children must be mature enough to stand quietly and accompanied by another adult. You may bring a DVDR to have the ultrasound recorded and must be of good quality.

If we are performing an elective ultrasound sonogram or 3D ultrasound – the fee for the service must be paid before or at the time of the procedure. As this is not a medically indicated test, we will not be filling for reimbursement with your insurance carrier.

Medicaid: **If you have Medicaid or are applying for Medicaid coverage – please speak to our financial counselor.** We will assist you in determining if we can accept the coverage based on our level of participation in either traditional Medicaid or one of the Medicaid HMO or PSN reform plans. **You may be responsible for payment in full if our providers do not participate and accept the Medicaid plan you are enrolled in or are considering enrolling.** Please do not assume your pregnancy will be paid by Medicaid or that we accept Medicaid. Medicaid has very specific guidelines we must follow. This applies to both Medicaid as your primary or secondary coverage. **If you have Medicaid as your secondary insurance, we must bill your primary plan first.**

Transfer of care: If by some chance you transfer to another physician, the cost of care we provided will include only the prorated share for services actually received.

This contract cannot guarantee a successful pregnancy outcome, but only covers the financial responsibilities of your care. Payment responsibilities are calculated on the next page.

I, _____, **have read this OB contract and understand the financial policies. I have had an opportunity to ask questions about this contract.**

Patient's Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____