

Annapolis OB-GYN Associates, P.A.

IMPORTANT **Prenatal Care Billing Information**

Welcome to Annapolis OB-GYN Associates and CONGRATULATIONS! We appreciate that the financial aspect of pregnancy can be overwhelming. The billing office is available Monday thru Friday to answer questions regarding your account and to help coordinate care during your pregnancy. The direct line for the billing office is (410) 573-9564.

In our office we process claims for three types of insurance companies: PPO-Preferred Provider Organization, HMO-Health Maintenance Organization, and Indemnity-Traditional Coverage. With any of the plans, we contact your insurance, verify your benefits and mail you a contract explaining your anticipated financial responsibility, as well as, a breakdown of monthly payments that are payable in the first 4-6 months of prenatal care. The time frame to pay is directly related to estimated patient responsibility. A signed copy of your contract should be returned to our office at second prenatal appointment, along with your first contract payment. Individuals with 100% maternity coverage will not receive a contract, but could receive bills for co-insurance on ancillary services.

For your pregnancy, we will bill your insurance company “globally”. That is, we will bill for your prenatal visits, delivery and post-partum visit, at the time you deliver. The fees we charge your insurance company for these services are: Vaginal Delivery - \$3,500.00; VBAC Delivery - \$3,900.00; C-Section - \$4,100.00; Assist for C-Section Delivery - \$820.00. Our fee does NOT include any hospital, anesthesia or pediatrician charges. Ancillary charges, such as lab work, sonograms, non stress tests, urine dipsticks, and amniocentesis are billed to your insurance company at the time services are rendered. These charges are NOT part of the global fee. Ancillary charges are billed to you as your insurance processes your claims.

Please be aware that should you change insurance for any reason or if you transfer your care during your pregnancy, global charges will no longer apply. Please notify the billing office of any changes in your insurance as soon as that change occurs. We will need to itemize your visits to the old insurance and your financial responsibility may change.

Should you lose your insurance for any reason, you may continue your care under our cash pay policy. We offer a discounted fee of \$2600 for cash pay patients. This fee is payable in two payments. A payment of \$1300 is due on your first visit. The remaining \$1300 is due on the second visit. All ancillary charges are due at the time of service. Please note that Annapolis OB-GYN will NOT accept Medical Assistance or Priority Partners after receipt of your first cash pay payment.

Please be advised that the only insurance through the state we participate with is Priority Partners. Should you choose another carrier, it will be necessary to transfer your care to a participating provider. We will not schedule appointments for you until we can verify that your Priority Partners is in effect through the state’s electronic verification system (EVS). The entire

process of applying for aid through the state can be quite lengthy, approximately 4-6 weeks. Please contact your local health department for more information.

Sometimes during your pregnancy special services may be required. These services may include CVS, amniocentesis, and physical therapy. Some insurance companies require pre-authorization or referrals for these services. We will try and obtain pre-authorization before your visit. Always check the status of authorization with our office before services are rendered. Should your insurance require you to obtain a referral for these services, you will need to contact your primary care physician. If you have not yet established yourself as a patient with your primary care physician, please do so as soon as possible. Your primary care physician will not issue a referral unless you have established care with them. If you are planning to travel during your third trimester, please come in for medical clearance. Some insurance companies will not pay for a delivery outside your coverage area unless you have been pre-authorized or have medical clearance from your physician.

Often, insurance companies will not pay for comprehensive sonograms if they are done in our office. If this is the case, we will send you to a participating facility. Many insurance companies are limiting patients to one routine sonogram. Additional sonograms will only be covered if medically indicated and may require an authorization or referral. Routine pregnancy and advanced maternal age are NOT acceptable diagnoses for additional sonograms. If you have any questions regarding your plan benefits, please contact your insurance company.

For those who elect to have cord blood collected at the time of delivery, our fee for collection is \$125.00. This elective procedure is NOT a covered benefit under most insurance plans. We will be happy to provide you with a receipt with which you can submit for reimbursement from your cord collection company.

Please note that your baby must be added to your insurance policy within 30 days of birth. If you have a son and wish to have him circumcised, the doctor's charge for circumcision is \$310.00. The hospital also has a charge for this procedure. Some insurance carriers do not consider circumcision medically necessary. Please contact your insurance company to verify if circumcision is a covered benefit. Please contact the billing office at (410)-573-9564 with your son's insurance information.

These are just a few items that you may encounter during your pregnancy. We are here to assist you through the administrative process of your pregnancy. Best Wishes and thank you for choosing Annapolis OB-GYN Associates.

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