

Patient Name:

EXPLANATION OF DELIVERY FEES

A. **Global Fee:** Your routine office visits (once a month through the seventh month, bi-monthly for the eighth month, once a week for the ninth month and your postpartum examination, performed six weeks after delivery) are billed as a global fee to your insurance company following your delivery. Our global fee for vaginal delivery is \$4050.00 and \$4495.00 for a C-Section.

1. The global fee does **NOT** Include the Following:

- a. Additional visits for treatment of conditions NOT related to routine prenatal care (any visits in between normal visits) and any emergency visits.
- b. **Laboratory fees:** Prenatal profile which includes blood type and RH, CBC, Rubella titer, serology, routine urinalysis, pap smear, vaginal cultures, etc.
- c. **Additional lab work, sonograms and fetal non-stress tests**, etc., required will be billed separately as per our fee schedule. These may also be referred to as ancillary services.
- d. Fees generated by services performed by or at the **hospital, anesthesiologist and/or pediatrician**.
- e. Circumcision of male infants \$297.00. Please note that your baby must be added to your insurance policy within 30 days of his birth. Please call **443-837-1228** with the baby's insurance information.

B. **Insurance Benefits & Patient Responsibility:** Per your policy benefits with _____ your annual deductible is \$_____. Current contracts with your insurance company allow us to collect _____ % of that deductible, equaling \$_____ at the onset of prenatal services. Once you have met your deductible your insurance company covers _____ % of our global fee (see above). Based on this information your estimated global responsibility is \$_____. Combined your deductible \$_____ + global responsibility \$_____ = \$_____. This amount is due at the time of your second routine prenatal visit unless payment arrangements have been made.

1. Payment Options are as follows and **may be selected below; otherwise payment is due in full at the onset of prenatal care:**

- a. 3 payments of \$ _____
- b. 4 payments of \$ _____
- c. 5 payments of \$ _____

2. For your convenience, AAMG Annapolis OB-GYN offers you the option to set up automatic monthly payments. Payments will be processed every thirty (30) days in accordance with your selected payment plan option above. To enroll in automatic payments you will need to sign a card on file agreement; an original signature is required.

3. Should your deductible be satisfied with additional payments remaining on your contract, we will adjust the remaining balance accordingly to accurately reflect the remaining global responsibility, minus deductible amounts. Accounts on automatic payment will immediately be updated to reflect the new payment. This information is being made available to avoid any misunderstanding of your payment responsibility to our office at the on-set of service.
4. If your insurance company indicates there is patient responsibility from any ancillary services performed (see section A.1.) you will receive monthly statements showing the balance owed for those services. Upon delivery, the contract amount paid will be applied to any outstanding balances on your account. Should there be any additional outstanding balance on your account once your contract payment has been applied, you will receive a balance due statement which is payable upon receipt.
5. Should you have additional health/medical insurance, whether through your work, parent/guardian, spouse or other person, it is your responsibility to present this insurance information. If you have an insurance change during the course of your prenatal care, it is your responsibility to notify us as soon as that change occurs. If our practice does not accept your new insurance, it may become necessary for you to change to another practice.
6. If these conditions are *not* met it will become necessary to terminate our services and send your records to whomever you designate.

Failure to make on time payments may result in the rescheduling of your appointment or termination of our services.

C. HSA, HRA, FSA and Employer Funded Accounts: If your deductible is fully funded via an HSA, HRA, FSA or employer funded, an account statement showing the annual contribution is equal to or greater than your deductible amount, can be faxed ATTN: OB Coordinator to 410-573-9568. If your employer pays your deductible per claim, a letter on company letterhead from the financial administrator will serve as a statement of account. Providing this documentation will negate the “pre-collection” deductible amounts listed herein, and place your account on a “Pay as Assessed” status. You would then be responsible for all balances assessed by your insurance company to be paid immediately upon receipt of invoice or at your next appointment. If you have questions regarding this information, please contact our OB Coordinator at 443-837-1226.

NOTE: Please sign, date, and present this contract to the front desk staff at your next scheduled appointment at AAMG Annapolis OB-GYN.

By signing this document, I acknowledge that I have read it in its entirety and understand my financial obligations to AAMG Annapolis OB-GYN. I further acknowledge that failure to comply with stated payment schedules may result in termination of patient services, at which time my records will be forwarded to the provider designated by me.

Patient Signature

Date

IMPORTANT INFORMATION REGARDING YOUR INSURANCE AND HOSPITALIZATION

Most insurance companies are now requiring that any hospitalization be pre-certified. **If you are pregnant and considering a cesarean delivery or planning to be induced, your insurance company needs to be notified PRIOR to your admission to request pre-certification if needed. You should also clarify with them if a referral from your PCP is necessary for your hospital admission. Some surgical procedures, such as a scheduled caesarean section, require a second opinion as to medical necessity. It is your responsibility to verify with your insurance company if you need a second opinion for surgery.**

Our Practice has multiple providers and it is difficult to provide exact information for your future delivery; therefore, use the following information as needed.

- Our Tax I.D.: 201838374
- Provider: AAMG Annapolis OB-GYN
- Address of Practice: 2000 Medical Parkway, Suite 304, Annapolis, MD 21401
- Hospital: **Anne Arundel Medical Center**
- Hospital Address: 2001 Medical Parkway, Annapolis, MD 21401
- Telephone of Hospital: (443) 481-1000

UNDERSTANDING HOW INSURANCE WORKS

HEALTH INSURANCE: Your contract with & for medical care coverage, which is paid by a monthly premium by an employer and/or yourself

BENEFITS: Circumstances your medical insurance plan will cover.

DEDUCTIBLE: The amount of money a patient pays **BEFORE** an insurance plan pays their portion of claims.

**INSURANCE PLAN CARD IS PRESENTED TO
PROVIDER OF SERVICE WHO THEN SENDS CLAIM TO INSURANCE PLAN**



INSURANCE PLAN PROCESSES CLAIM BY

- i. Determining the Reasonable & Customary (“R&C”) per charge
- ii. What portion of each charge the Provider must write-off
- iii. What portion of charges is owed by the insurance plan
- iv. What portion is owed by the patient
 - a. Deductible (Amount that must be satisfied before insurance starts paying claims)
 - b. Co-insurance percentage of Co-pay (your portion after the Deductible has been met).



INSURANCE SENDS EXPLANATION OF BENEFITS (“EOB”) TO

- i. Patient
- ii. Provider who then
 - a. Records how insurance process claim
 - b. Sends an invoice if balances are due from patient



PROVIDER OF SERVICE SEND INVOICE TO PATIENT



PATIENT SENDS PAYMENT TO PROVIDER

For Example: Your Insurance benefits quote a \$500 Deductible after which the insurance pays your claims at 90%. Any claims sent to the insurance would be processed to R&C and the first \$500 of R&C amounts would be left to your Deductible and payable to the Provider of Service (doctor, laboratory, hospital etc.). Once your insurance determines your deductible has been satisfied, they now process claims to R&C and begin to pay their portion (90%) to the provider and leave the patient responsible for their 10% portion that the provider will bill to the patient.