



Maternity Financial Policy

Thank you for choosing Issaquah OB/GYN as your maternity healthcare provider. This letter is to inform you about our office policy concerning your pregnancy and your insurance coverage. Unlike other types of services, prenatal care is billed at the end of your pregnancy, after you have delivered. Therefore, we do not collect co-payments for most prenatal visits. Some visits/tests/monitoring are considered outside global prenatal care and may not be covered by your insurance and you would be responsible for the fee. If covered by insurance, you will be responsible for any co-pays/deductibles. Please contact your insurance company for more information. Here are a few examples:

- ⇒ Ultrasounds
- ⇒ Fetal Non-Stress Tests
- ⇒ Problem Related Visits
- ⇒ Labor & Delivery / Out-Patient Hospital Visits

If the insurance reduces the doctor's reimbursement by a co-pay, it will be your responsibility to pay the co-pay at your next scheduled visit.

Our office will contact your insurance company to obtain benefit information and provide you with an estimate of your financial obligation. All maternity co-payments and deductibles must be paid in full by the 6th month of pregnancy.

It is your responsibility to inform this office of any changes in your insurance during your pregnancy. If your insurance changes during your pregnancy, it is imperative that you contact our office as soon as possible. Our office needs to obtain maternity pre-certification so the delivery will be covered by the new insurance. If we are not notified and the pre-certification is not received you are responsible for the cost of the entire delivery.

Newborns must be added to your insurance policy within thirty days of their birth. Male infants will have an additional charge for a circumcision, if you choose to have this procedure performed. If the child has no insurance coverage you are required to pay us for the circumcision in advance.

Your signature below indicates you have read this letter and agree to the terms. If you have any questions, please feel free to contact us or your medical insurance carrier directly.

Patient Signature

Date

Parent or Guardian of patient Signature

Date