

# BELLINGHAM OB/GYN

## OBSTETRICAL FINANCIAL POLICY

Thank you for selecting Bellingham OB/GYN as your obstetrical health care provider. Bellingham OB/GYN, a division of Unified Women's Healthcare of Washington, is committed to providing you with the highest quality medical care. Because patients are ultimately responsible for the charges associated with their care, even when insurance is in place, you may find the following information helpful. We realize you have choices for your medical care and appreciate you choosing Bellingham OB/GYN.

As of January 1, 2020, we have revised our Obstetrical Financial Policy. The following information is provided to ensure you are aware of your responsibility and understand our financial policy in order to continue your obstetrical care with Bellingham OB/GYN.

After your initial visit with our practice, as a courtesy, our billing staff will contact your insurance company to obtain your maternity benefits.

Your pregnancy will be billed as a global package that will include your routine prenatal visits, and a normal vaginal delivery along with routine postpartum care. Routine services that are **NOT** included in the Global package including the following: fetal testing, such as ultrasounds, non-stress tests, procedures, lab work, and any injections/vaccines.

**As of January 1, 2020, it is mandatory to comply with our OB Prepayment Plan {also known as OBPP} in order to maintain your care with our office.**

Please note, these payments will be kept as a credit on your account and applied to your delivery fee after insurance processing. Any credit that you may have after all claims have processed and paid will be refunded to you as the patient. If you move during or after your pregnancy, it is vital you update your address with us for refund purposes.

Any other balances that may occur during pregnancy, must be paid within a timely manner, and separate from your OBPP. We understand that temporary financial problems may affect timely payment of your balance, we encourage you to communicate any such problems with our billing department so that we can assist you in the management of your account.

Thank you for your understanding regarding this new policy.

I have read the above statements and understand the agreement of the OB prepayment plan.

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

DOB: \_\_\_\_\_