



WOMEN'S MEDICAL GROUP
OBSTETRICS – GYNECOLOGY – INFERTILITY

15151 NATIONAL AVENUE - LOS GATOS, CALIFORNIA 95032

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www.lowmg.com

Obstetric Financial Agreement

Name: _____ MD: _____ Estimated Due Date: _____

Listed below is an estimate of the physician's fee for routine obstetric care and delivery. The fee includes the all routine, uncomplicated obstetric office visits and uncomplicated vaginal delivery, post-partum visits in the hospital and one post-partum visit in our office. The fee does not include Ultrasounds, non-stress testing, hospital admissions or visits prior to labor, additional fees for high risk pregnancy, cesarean section, anesthesiologist's fee, the hospital costs or any laboratory costs. It is an estimate only

Obstetrician's fee for global ob care (59400) \$ _____
Your insurance carrier requires a family deductible of: \$ _____

Percent of health care costs due by patient by contract: % _____ OB fee: \$ _____

Total due by 26 weeks of pregnancy: Date: _____ \$ _____

If Los Olivos is **contracted** with your insurance company, your prenatal care will not be billed until after your delivery. We will bill your insurance for any services outside the global that may apply toward your deductible as they occur. These charges should be paid when you receive a statement from Los Olivos. As your care is ongoing, you will need to pay all charges toward your deductible and the portion of the bill you are responsible for prior to your 26th week of pregnancy.

If Los Olivos is **not contracted** with your insurance company, you are personally responsible for all fees incurred with your prenatal care and delivery. We expect payment for the estimate of patient due by 26 weeks of your pregnancy and payment of the remainder of the fee within 45 days of delivery. As your insurance has a contract with you and not with Los Olivos, it is your responsibility to seek reimbursement for your obstetric care and delivery from the insurance company. As a courtesy to you, we will bill your insurance for you one time at the time of delivery. When you receive the statement from Los Olivos, you are responsible for payment at that time, even if your insurance has not yet paid the claim. The patient is responsible for all insurance follow-up once the claim has been submitted.

We will do our best to help you with your insurance questions. Feel free to contact your insurance company or your Human Resources department in your work place to learn about coverage and benefits. If you have additional questions, please contact the financial counselor at 408-358-4835 or by e-mail through the Los Olivos website or at businessoffice@lowmg.com.

If your insurance changes during your pregnancy, please alert us immediately and give the financial counselor a copy of your new card. I have read the above, understand and agree to the terms stated above.

Signature: _____ Date: _____