GENERATIONS OB+GYN

PROVIDING EXCELLENCE IN WOMEN'S HEALTHCARE

SELF-PAY MATERNITY FINANCIAL RESPONSIBILITY AGREEMENT

It is important that you understand our self-pay maternity billing policy. We require you to read the following information and inquire about anything you may not understand. Maternity fees are listed on the back of this sheet.

Your first appointment is a consultation with one of our obstetrical nurses. A confirmation of pregnancy is established at this time along with a brief physical exam, a comprehensive medical history assessment along with information on proper diet, exercise, and medications. The cost of this visit for a new patient is $250.00 and for an established patient is $200.00. This is not considered part of the prenatal care visits. After confirmation of pregnancy is established your first prenatal visit will be scheduled.

The fee for all your prenatal visits and vaginal delivery is $4,6000.00, with the first payment of $3,000.00 due on or before your first prenatal visit. The remaining $1,600.00 is due by the 24th week of your pregnancy. If you have a C-Section, an additional charge of $200.00 will be due at your postpartum visit.

Throughout your pregnancy you will have lab work and ultrasounds, you may also have genetic and/or fetal non-stress testing. The cost for each of these services is separate from the prenatal and delivery fee and due at the time of service. Please review fees on the back of this sheet.

Laboratory services are processed through Corewell Health Beaumont which handles their own billing.

If you obtain health insurance at any time during your pregnancy, ask to speak with a biller or office manager immediately. If you need further information or have any questions, please call the billing department at extension 356.

CANCELLATION POLICY: Appointments not cancelled within a 24-hour notice will result in a $100 patient charge. Thank you for your understanding.

☐ YES, I have read and understand the Generations OB-GYN Self-Pay Maternity Agreement.

_____ _____

Patient Name (printed) *Date*

_____ _____

Patient Signature *Employee Witness Signature*

Rev 10/25

39533 Woodward Ave ▪ Ste 140 ▪ Bloomfield Hills MI 48304 ▪ Ph (248) 647-9860 ▪ Fx (248) 647-9864 ▪ www.generationsobgyn.com

John R. Sanborn, MD
Jacalyn A. McCloskey, MD
Kathleen D. Huston, MD
Jamie H. Loehrke, MD
Ida A. Lippincott, MD
Paul S. Sobolewski, MD
Lauren E. Perlin, MD
Erica H. Brockberg, MD
Torey D. Asao, MD
Taylor J. DeGiulio, MD
Cheryl L. Thomson, PA-C
Jennifer M. Annetta, WHNP-C
Katherine L. McDonald, PA-C
Erin M. Good, NP-C
Jeanna M. Mastracci, WHNP-C

DETAILED MATERNITY FEE SCHEDULE

STANDARD FEES		
Nurse Consult Visit **New** Pt	Confirmation of Pregnancy	$250.00
Nurse Consult Visit Est. Pt	Confirmation of Pregnancy	$200.00
First OB Visit	Scheduled with Doctor / Retainer Fee Due	*$3,000.00
Early OB Ultrasound		$250.00
24 wk Visit	2nd half of Retainer Fee Due	*$1,600.00
20 wk Anatomy Ultrasound		$250.00
Ultrasound Follow-Up	Per Ultrasound	$175.00-$225.00
Bedside Ultrasound	Per Ultrasound	$175.00
Non-Stress Test		$150.00
4D Ultrasound *(Optional)*	25-28 wks	$150.00
GBS Culture	35 wks	$125.00

*$4,600.00 in total payment includes the following:
All prenatal visits, vaginal or cesarean ordered delivery and a post-partum visit.

Note: the other charges listed can vary per patient and due at the time of service.

THE FOLLOWING FEES MAY APPLY DEPENDING UPON INDIVIDUAL CIRCUMSTANCES				
		Fee	Injection Fee	Total
Rhogam Injections	Rh Negative Mothers	$210.00	$30.00	$240.00
Flu Shot Injections	Seasonal			$40.00
Tdap Injection	After 27 wks	$75.00	$30.00	$105.00
Injection Fee				$30.00
Extra Visit	Outside of normal prenatal care			$125.00
Additional Blood/Lab Ordered	Corewell Health Systems Billing			Corewell Health
Circumcision Fee	***We do not accept Medicaid***			$350.00
Childbirth Classes	3 classes			See information sheet
Breastfeeding Class	1 class			See information sheet
Infant CPR Class	1 class, fee is per person			See information sheet