



## Self-pay Maternity Plan Fee Schedule

Our provider's fee for routine obstetric care (OB Care Package) includes all routine, uncomplicated prenatal office visits, postpartum visits and required labs drawn in our office.

The total fee for the OB Care Package services described is **\$2,359.00** You will be enrolled in an automatic payment plan using your credit card on file. The card will be charged **\$439.00** at your New OB visit and then **\$120.00** every week for 16 payments regardless of appointment attendance.

### OB Care Package

Includes	Does <b>NOT</b> Include
<p><b>All prenatal and postnatal visits</b></p>	<p><b>OB Ultrasounds(in house/out-side facility)</b></p> <p>20 week anatomy scan (required) (call Imaging center for pricing, as you will be billed directly by the imaging office where scan is performed )</p>
<p><b>All required labs:</b></p> <ul style="list-style-type: none"> <li>● Pregnancy, Initial Screening</li> <li>● Pap w/ gonorrhea/chlamydia</li> <li>● Vitamin D, 25- Hydroxy</li> <li>● Gest. Diabetes 1-Hr Screen</li> <li>● CBC With Differential/Platelet</li> <li>● Rapid Plasma Reagin, Quant</li> <li>● HIV</li> <li>● HBsAg Screen</li> <li>● Chlam/GC Amplification</li> <li>● Strep Gp B</li> </ul>	<p><b>Elective Labs:</b></p> <ul style="list-style-type: none"> <li>● Cystic Fibrosis (Elective lab)- \$174.00</li> <li>● MaterniT21 PLUS Core (Elective lab)- \$500.00</li> </ul> <p>Injection of Rhogam(if needed) - \$145</p>

I agree to the above terms and conditions:

\_\_\_\_\_

Patient's Name

\_\_\_\_\_

Patient's Signature

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