



900 N Kingsbury Road, Ste 130N, Chicago IL, 60610. Phone: 312-775-1100

Congratulations on your pregnancy!

Thank you for choosing The Northwestern Specialists for Women. We are here to provide you with the highest level of service and healthcare. The list below contains information you will find helpful throughout your pregnancy.

**ALL PAYMENT IS EXPECTED AT THE TIME OF SERVICE**

Payment is required when services are rendered. This includes co-payments and co-insurance for participating insurance carriers. NSW accepts cash, personal checks (instate only), money orders, Visa or MasterCard. It is a requirement that your credit card information be retained on file. No charges will be made without your notification. We understand your concern providing us with this sensitive information and we will respectfully keep this information confidential.

There is a service charge for all returned checks; we will charge one of the following fees to the credit card on file.

- \$30.00 for NSF plus the amount of the check
- \$50.00 for Closed Accounts plus the amount of the check

Patients that are self-pay are expected to pay the full amount at time of service.

**MISSED APPOINTMENTS/LATE CANCELLATIONS:**

Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Rescheduling and/or cancellations are requested 24 hours prior to the appointment. We reserve the right to charge for these missed appointments.

\$100.00 no show fees/Late cancellations ALL NEW PATIENTS

- \$100.00 fee late cancellations/no-shows
- \$50.00 fee excessive rescheduling (More than two consecutive appointments)

**Excessive abuse of re-scheduled and or canceling appointments may result in discharge from the practice.**

**Maternity Insurance**

Please become aware of your insurance policy and coverage regarding your obstetrical care. Some plans have a waiting period before you are eligible for pregnancy coverage. Most insurance plans require that you notify them of your pregnancy to ensure the maximum benefit. IT IS YOUR RESPONSIBILITY AS THE INSURED TO CONTACT YOUR INSURANCE PROVIDER AND INFORM US OF ANY ADDITIONAL REQUIREMENTS (such as pre-certifications).

**Insurance carrier**

ILLINOIS STATE LAW requires insurance carrier to pay claims within 30 days of receipt. Insurance carriers who fail to comply with these state standards are subject to additional requirements and penalties. Your insurance is a contract between you, your employer and the insurance carrier. If our office does not participate in your insurance plan, you are responsible for the full balance. As a courtesy we will file a claim on your behalf, however, 30% of the claim needs to be paid prior to submission. If your insurance company submits payment to our office, we will promptly credit your account or you will be reimbursed.

We will globally bill your insurance carrier after your baby is born. Global maternity package consists of 13 antepartum visits, delivery, and 2 postpartum visits. Problem orientated visits outside of the global maternal package will be billed separately. Laboratory tests, non-stress tests or ultrasounds services are not part of global services and will be billed as services are performed.

This reference is a general guideline for antepartum and delivery care cost:

Antepartum care and normal delivery	\$5,000.00 (\$5,500.00 Cesarean Section)
First Trimester Ultrasound	\$ 450.00 Ultrasound
Procedure	\$ 400.00 Non-Stress
Test	\$ 200.00
Bed side Ultrasound	\$ 200.00

Most insurance companies, covers prenatal blood work, however, for those who are self- pay the following is a breakdown of the blood test costs. *(Please keep in mind all labs are subjected to copay, deductible and coinsurance.)* Possible Lab Tests:

<b>80055</b>	Obstetrical Panel	\$150
<b>81001</b>	U/A	\$25
<b>82947</b>	GLUCOSE	\$30
<b>84439</b>	FREE THYROXINE	
<b>86703</b>	HIV and HIV2 SINGLE ASSAY	\$75
<b>87086</b>	URINE CULTURE	\$50
<b>87491</b>	CHLAMYDIA DNA	\$60
<b>87591</b>	GONORRHOEA DNA	\$60
<b>83021</b>	HEMAGLOBIN ELETROPHOESIS	\$30

AFP only	\$80.00
Group b-strep	\$60.00
Pap	\$65.00
Glucose & CBC	\$90.00
Rhogam	\$175.00
Antibody Screen	\$30.00

Vaccinations

FLU	\$75.00 TDAP	\$90.00
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Your doctor will discuss the need for ultrasound during your pregnancy. Most patients receive at least two ultrasounds between 8 -21 weeks of pregnancy, one to confirm the gestational age and the other to assess major fetal structures. There may be need for additional ultrasounds. Not all insurance companies pay for routine ultrasounds and you may need to schedule your ultrasound at Northwestern Memorial Hospital on the 5<sup>th</sup> floor. Call 312-472-4156 to schedule your appointment.

Optional Genetic testing and counseling is offered at our office through Insight Medical Genetics. Appointments may require off-site scheduling. You may contact them directly by calling 312-981-4400, or for any questions regarding the test and related cost.

- Cystic fibrosis screening- This is to determine if you are a gene carrier.
- CVS (Chorionic villus sampling) - This test can be performed at 10-12 weeks and determines chromosomal abnormalities including Down's syndrome.

First Trimester/nuchal translucency- This is an ultrasound and blood test performed in the office between 11-13 weeks. The test determines if the baby is high or low risk for Down's syndrome, trisomy 13 and 18.

- Quad screen- This is a blood screening test done between 15-20 weeks to determine if the baby is highlow risk for Down's syndrome, trisomy 18 and birth defects involving the spinal cord and skull.
- Amniocentesis- This is performed any time after 16 weeks for chromosome analysis.

#### Private Cord Blood Banking

Cord blood is the blood that remains in your newborn's umbilical cord after birth. If you are interested in saving your baby's cord blood, you can order a kit and bring it with you to delivery. The cost for the collection at the time of delivery is \$350.00. Private Blood Banks

CBR: 888-536-9831

Via Cord: 866-668-4895

Donor Bank Life Source: 312-751-1701

#### Circumcision

Should you elect to have your son circumcised, the cost is \$550.00. Some insurance plans will not honor any claims for the newborn until the newborn is added to the policy.

#### Northwestern Memorial Hospital

Our physicians deliver at Northwestern Prentice Women's Hospital located at:

250 E. Superior

Chicago, IL 60611

Telephone: 312-926-2000

Labor and Delivery: 312-472-0800

Insurance companies differ with regard to hospital stays. It is your responsibility to find out how many hospital days your insurance company allots for uncomplicated vaginal delivery and a cesarean section. If you have a medical complication requiring a prolonged stay, your doctor will help arrange it with you insurance company. If you have any concerns, regarding hospital expenses and related services for maternity care, please contact the Northwestern Hospital Financial Department at 312-926-6900.

We strongly suggest monitoring your account with our practice and your insurance carrier as it ages beyond 30 days. Please contact our **billing office 312-775-1100** at any time during normal business hours

**Keep in mind the following when speaking to your insurance provider representative:**

- Identify the date of service for the unpaid claim ·
- Record and retain the date you called your carrier
- Record and retain the name of your claim representative
- Identify and correct the problem causing the payment delay
- Verify that your insurance provider has the appropriate billing information including:
  - Full name of insured
  - Complete address of insured
  - Guarantors name for the policy
  - Social Security number for the guarantor
  - Correct billing address for your policy
  - Insurance policy number
  - Retain any reference numbers given

Be sure to ask the claim representative when you can reasonably expect reimbursement and follow-up with the same claim representative if you haven't received timely payment.

MEDICAL RECORDS REQUEST:

If you need to obtain a copy of your medical records, you will need to complete a medical records release form. There is a fee for all medical records/labs/ and chart note requests. Your signature on the release form authorizes us to include all relevant information, including your payment history. Processing of medical records takes 5 business days.

- Handling charge \$26.00 flat fee for requesting ANY and ALL records \*to patient only\*. As a courtesy we will send ANY health information to another provider free of charge.

There will be a delay in processing of medical records if your balance is greater than \$50.00. During that time NSW will assist you in resolving your balance.

FMLA FORMS

There is a \$30 charge for the completion of FMLA forms for patient for **EACH** pregnancy. There is a \$15-dollar charge for the completion of forms for spouse.

***AUTHORIZATION TO RELEASE INFORMATION AND ASSIGNMENT OF MEDICAL BENEFITS:***

*I have read and understand the Northwestern Specialists for Women Financial Policy.*

*I authorize the release of medical information necessary to process insurance carrier claims for treatment.*

Photocopies of this are valid as the original. I authorize medical benefits to be directly paid to NSW. I understand that I am financially responsible for any treatment not covered by my health insurance carrier. I also agree that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed, I also will be responsible for the fee charged by the collection agency for costs of collections.

\_\_\_\_\_   
Print Name of Patient Print Guardian Name

\_\_\_\_\_   
Patient Date of Birth

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_   
of Patient or Guardian **Credit Card information:**

Name of card holder \_\_\_\_\_   
Last First MI

Name of Patient (please print) \_\_\_\_\_   
Last First MI

Name of Card \_\_\_ Visa \_\_\_ MasterCard

Card Number:

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Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV# \_\_\_\_\_ (3#'s located on back of card)

Authorized signature: \_\_\_\_\_

Billing Address \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Patient Account Number: \_\_\_\_\_ Employee Initials \_\_\_\_\_

Our patients may call our main number 312-775-1100, Mon-Fri 8am-4: 30 pm for any emergency or non-emergency concern, appointments or questions. Please follow the prompts to get the assistance you are seeking. On weekends and after business hours, you may contact the doctor on call through the same number. We ask you limit this for emergencies only. One of our doctors will return your call. If we determine you need to be evaluated immediately, we will have you come to Northwestern Prentice Women's Hospital.