

# Somerset

## Gynecology & Obstetrics

3290 W. Big Beaver Rd.  
Suite 444  
Troy, MI. 48084-2914

Phone 248-816-9200  
Fax 248-816-1017  
www.somersetgynob.com

### UNINSURED OB PATIENT AGREEMENT

**PATIENT NAME:** \_\_\_\_\_ **ACCOUNT#:** \_\_\_\_\_

Please read the following financial policy which outlines our \*fees for services and payment options available.

**Total OB care:** all *routine* pre/postnatal visits and \*\*delivery: **\$3,400**

- \_\_\_\_ **Pay in full prior to first prenatal visit**
- \_\_\_\_ **\*\*\*90 day AUTO-PAY: 3 monthly payments of \$1134:** \$1134 on \_\_\_/\_\_\_/\_\_\_ (+ any add'l services)  
\$1134 on \_\_\_/\_\_\_/\_\_\_ (+ any add'l services)  
\$1132 on \_\_\_/\_\_\_/\_\_\_ (+ any add'l services)

We require a credit card **on file BEFORE SCHEDULING FIRST VISIT**; payment **charged** at 1<sup>st</sup> prenatal visit.

CIRCLE ONE: VISA    MASTERCARD    DISCOVER    AMER-X

**Credit card #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \*    \*AM-X HAS 15 DIGITS **Exp. date:** \_\_\_/\_\_\_

**Security code on back of card:** \_\_\_\_\_ \*    \*AM-X HAS 4 DIGITS ON FRONT OF CARD    **Zip code:** \_\_\_\_\_

**PATIENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Additional charges NOT INCLUDED** in the \$3400 fee and due payment due at time of service:

- *Non-routine* OB visits:            \$75 (gestational diabetes, pain, rash, etc)
- \*\*\*\*OB Ultrasounds:            \$190
- \*\*\*\*Non-stress tests:            \$75
- Circumcision of male child:    \$250
- Tubal at cesarean delivery:    \$400
- Tubal after vaginal delivery:   \$500

Please inform us immediately if you obtain insurance during the course of your pregnancy, so we can confirm your benefits and bill covered services directly to your insurance. After we confirm your maternity coverage we will issue you a refund less the charges for previous care received. Please also keep in mind that our doctors do not participate with Medicaid. If you have any questions, please call the Billing Department at 248-816-2012.

**\* FEES ARE SUBJECT TO CHANGE.**

**\*\* CALL BEAUMONT HOSPITAL (ROYAL OAK) AT 855-577-5780 FOR HOSPITAL CHARGES/DISCOUNTS.**

**\*\*\* 90 AUTO-PAY ONLY AN OPTION PRIOR TO 20<sup>TH</sup> WEEK OF PREGNANCY.**

**\*\*\*\* SERVICES CAN BE OBTAINED AT BEAUMONT HOSPITAL**