



Global Fee & Insurance Information

In order to help explain the financial aspects of your pregnancy, the following guidelines have been formulated by our office:

1. Our obstetrical fee is inclusive of all usual pre-natal (office), hospital (delivery), and post-partum (office) care for approximately six weeks after delivery. This fee does not include the first visit for the pregnancy, laboratory tests done in the office or hospital, genetic testing, or ultrasound. It also does not include hospital, pediatric or anesthesiology fees.
2. If for some reason, you are admitted to the hospital or are there for observation, a fee outside of the global fee will be charged.
3. If you are considered high risk during the pregnancy, the fee is higher and you would be charged for any “extra” visits during the pregnancy.
4. Please supply us with a copy of your insurance card(s). We will also ask you to fill out a form authorizing us to release information to the insurance company and have payment sent directly to the office.
5. Please check with your insurance company to see if you need any pre-certification or pre-authorization. Most insurance companies require that you call them before entering into the hospital. This would also include any hospital care during the pregnancy either related or not related to the delivery. All insurance companies are required to authorize at least a 48-hour stay for a normal delivery. They will also request that you call them within 24 hours of the birth of the baby and call them again if you stay longer than the given time period. Please call them before 48 hours is up. Most insurance companies will allow a 96 hour stay for cesarean section, but please check with your company regarding their requirements. Please remember this is the patient’s responsibility.
6. If you are sent to Labor and Delivery or admitted to the hospital before the birth, please contact your insurance company within 24 hours.
7. If you are having any testing such as an ultrasound, CVS, amnio, etc., please check to see if these procedures need pre-authorization.
8. If at any time during your pregnancy, a cesarean section, induction or version is scheduled, please contact your insurance company to see if pre-authorization is required. Also, see if a second opinion is required.
9. Please note that we try to keep our fees at a reasonable level, and that we will do our best to convince your insurance company of the medical indication for tests and hospitalizations.
10. If there are any questions regarding our fees, or if unforeseen financial difficulties occur, please discuss them with us.

VAGINAL DELIVERY/CPT: 59400	\$6559.00
CESAREAN SECTION/CPT: 59510	\$7488.00
VAGINAL DELIVERY/HIGH RISK	\$7488.00
CESAREAN DELIVERY/HIGH RISK	\$8416.00
VAGINAL TRIAL OF LABOR	\$7488.00
VAGINAL DELIVERY AFTER CESAREAN SECTION	\$7488.00
CIRCUMCISION	\$662.00
CORD BLOOD	\$363.00
DORSAL BLOCK (FOR CIRCUMCISION)	\$155.00