



Women for Women

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Obstetrical Payment Information

Patient name: _____ DOB: _____

We will bill all participating insurance companies for the obstetric patient. Because of this, it is mandatory that you notify us of any changes in insurance coverage. We do not accept Illinois Medicaid as a secondary insurance.

Your prenatal and postpartum visits as well as the delivery are billed as a global package fee after your delivery. Your insurance company describes the global package as all visits relating to your pregnancy until 6 weeks after delivery, and including your delivery. Labs and ultrasounds are not considered to be part of the global fee and are billed separately at the time of service. Depending on your insurance coverage, you may be responsible for a portion of these charges.

Obstetrical care and vaginal delivery charges..... \$5,952.41

Obstetrical care and c-section delivery charges..... \$6,675.58

C-section assistant surgeon fee..... \$675.00

Fees for services not included/not covered under the global package:

Collection of blood (venipuncture)..... \$16.28

Initial ultrasound..... \$352.49

20 week ultrasound..... \$554.00

30 week ultrasound..... \$312.53

Non-stress test..... \$142.42

Any testing (ultrasounds, non-stress testing) necessary due to unforeseen complications.

Sterilization (tubal ligation) at delivery

It has been our experience that most patients have an out-of-pocket expense with each pregnancy. In order to offset a potentially substantial bill, we strongly recommend that you make payments at each visit. Our office requires that any balance you have is paid by your 28-week appointment.

Your insurance's customer service department can help you determine the out-of-pocket cost so you can plan your payments.

Any questions, please call the billing department (Amy) at (309) 888-9900, option 5.