

Women for Women

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www.bnwomenforwomen.com

Thank you for choosing Women for Women for your pregnancy care and delivery. In an effort to keep up with the changing healthcare environment, we have adopted the following policies. Please review this document and contact our Billing Department with any questions you might have. Your insurance company describes the Global Fee as all visits relating to your pregnancy from the second visit until 6 weeks after delivery, 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.

Patient Portion and Payment Plan:

Our office recommends that you contact your insurance company to get your pregnancy benefits. When calling for your pregnancy benefits, your insurance company will advise you of your portion of the global fee. Our policy is that the amount due be collected by the 28th week of pregnancy. You will receive an OBSTETRICAL PAYMENT INFORMATION AGREEMENT that will be available to you around your 12th week of pregnancy. The Agreement breaks down all the costs of your pregnancy. We require each patient to have a zero balance no later than the 28th week of pregnancy.

Changes in insurance or leaving the practice:

Should you have a change in insurance during your pregnancy, please contact the billing staff as soon as you have the new insurance information. We have to bill the current insurance portion of the global fee up to the date of the insurance change. Your benefits and payment plan might change. Should it be necessary for you to transfer care during pregnancy, Women for Women will bill your insurance company for services provided.

Please keep in mind that your insurance quotes the benefits in regard to pregnancy, there is no guarantee of payment and that it is only an estimate. Any questions regarding an insurance payment must be directed to your insurance company.

Patient Signature--_____ **Date**_____