Capital Women's Care Non-Global Obstetrical Care Agreement
Self-Pay Pre-Pay Pricing

Date: January 23, 2019

Patient Name: _____ Medical Record #: _____

Hospital of Delivery: Holy Cross Hospital

Non-Global Package

Non-Global obstetrical care services, or partial services, refers to maternity care not managed by a single provider or group practice. Billing for Non-Global services may occur if a patient transfers into or out of a physician or group practice, or a patient has the delivery performed by another physician or other care professional not associated with the physician or group practice.

Our practice does provide to our patient's prorated fees for services rendered when transferring into the care of our division during the later stages of pregnancy. Your fees include the following services:

- All prenatal visits following your initial visit pertaining to this pregnancy
- One ultrasound for growth
- Delivery by a Physician or Midwife
- Hospital visits for post partum care
- Six to eight week post partum care office visit(s)

Routine Obstetrical Care Package does NOT include the following procedures:

- Initial visit to our practice
- Visits unrelated to pregnancy (for example, upper respiratory infection, sore throat, etc.)
- RhoGAM administration
- Additional Ultrasounds
  - Growth Scans $324.00
  - BioPhysical Profiles $216.00
  - Limited Scan $220.00
- Circumcision
- Laboratory Services
- High-Risk pregnancy services
- Hospital Stay and services rendered within the hospital setting *(Holy Cross Hospital Financial Counseling Department can be reached at (301) 754-7195)*

Obstetrical Care Packages does NOT include services or charges from providers or facilities that are not part of Capital Women's Care.

Estimated Cost of Obstetrical Care

Obstetrical Care with Vaginal Delivery	$2636.00
Obstetrical Care with Cesarean Section	$2725.00

We are happy to provide you the opportunity to pay this fee in installments; however, this fee is to be paid prior to delivery. I understand and accept the terms of this agreement and I have received a copy.

_____ _____

Patient or Guarantor Signature Date