

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

Date:

Patient Name: _____ Medical Record #: _____

Hospital of Delivery: _____ Holy Cross Hospital

Global Packages

- Routine Obstetrical Care Package includes the following:
- All prenatal visits pertaining to the pregnancy
- Two Ultrasounds
 - If ultrasounds are not available at the patient's primary office, we encourage patients to schedule ultrasounds in another Capital Women's Care office. In some cases, where ultrasounds are provided outside of Capital Women's Care, the obstetrical package may decrease by \$400.
- Delivery by a Physician or Midwife
- Hospital visits for post-partum care
- Six to eight week post-partum office visit(s)

Routine Obstetrical Care Package does NOT include the following procedures:

- Visits unrelated to pregnancy (for example, upper respiratory infection, sore throat, etc.)
- Additional Fetal Non-Stress Tests
- RhoGAM administration
- Additional Ultrasounds
- Circumcision
- High-Risk pregnancy services
- Laboratory services
- Hospital Stay and services rendered within the hospital setting (*Holy Cross Hospital Financial Counseling Department can be reached at (301) 754-7195*)

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

Additional Ultrasound Scanning

_____ Growth Scans	\$324.00
_____ BioPhysical Profiles	\$216.00
_____ Limited Scans	\$220.00

Estimated Cost of Obstetrical Care

_____ Routine Vaginal Delivery Package	\$3,500.00
_____ Routine Cesarean Delivery Package	\$3,800.00

We are more than happy to arrange a payment plan for this amount, of which is to be paid by the sixth month of pregnancy. I understand and accept the terms of this agreement and I have received a copy.

Patient or Guarantor Signature

Date

Date	Procedure	Charge Amount	Amount Paid	Total Due
	Global Vaginal Delivery	\$3500.00		\$3500.00
	Obstetrical Visit Labs / Scan	\$0.00	\$104.00 Paid Separately - Not applied to Global	\$3396.00
	Obstetrical Visit Labs	\$0.00	\$104.00 Paid Separately - Not applied to Global	\$3292.00
	Obstetrical Visit Labs	\$0.00	\$104.00 Paid Separately - Not applied to Global	\$3188.00
	Obstetrical Visit Ultrasound	\$0.00 \$360.00	\$32.00 \$360.00	\$3156.00 \$2796.00
	Obstetrical Visit	\$0.00	\$104.00	\$2692.00
	Obstetrical Visit	\$0.00	\$0.00	\$2692.00
	Obstetrical Visit Ultrasound	\$0.00 \$0.00	\$0.00 \$360.00	\$2692.00 \$2332.00
	Obstetrical Visit BioPhysical Profile	\$0.00 \$216.00	\$0.00 \$216.00	\$2332.00 \$2332.90