



**PLEASE REVIEW THIS AS YOU WILL BE ASKED TO SIGN AN  
ELECTRONIC COPY AT THE TIME OF YOUR VISIT.**

OB-GYN & Midwifery Associates of Ithaca  
PRENATAL CONTRACT

We would like to welcome you as an obstetrical patient. The following information will help to clarify our office fees.

**PRENATAL FEE BREAKDOWN:**

1. Our fee for obstetrical care and normal delivery starts at \$4,500.00. If a C-section is necessary, our fee begins at \$4800.00 plus an assistant surgeon, \$900.00. This fee is billed at the time of delivery.

Obstetrical care includes:

- \*Approximately 13 visits as follows: Monthly visits up to 28 weeks, bi-weekly visits from 28-36 weeks, weekly visits until delivery
- \*Admission history
- \*Admission to the hospital
- \*Management of an uncomplicated labor
- \*Delivery
- \*Office visits following delivery:
  - Incision check (after C-section)
  - 4-6 week postpartum visit

At each visit:

- \*Weight/blood pressure
- \*Fetal heart tones
- \*Routine chemical urinalysis (protein/glucose)

2. **EXTRA CHARGES** or procedures commonly associated with OB care include, but are not limited to:

- \*Ultrasound \$230.00 to \$550.00 depending on the type of exam
- \*Non-stress test \$250.00
- \*Biophysical profile (w/o NST) \$330.00
- \*Biophysical profile (w/ NST) \$475.00
- \*Pap smears/GC/CL No charge from OB-GYN, billed from outside testing lab.
- \*Labs We charge for the collection and handling of your blood work in order to send it to an outside lab.

Lab work is sent to Cayuga Medical Center, Quest diagnostics, Sequenom Labs, and/or Integrated/LabCorp (for genetic testing).

The testing lab will bill you separately, and it is **your responsibility** to check with your insurance regarding their participation status with these testing labs. Any questions regarding your bill with the testing lab must be addressed with them directly.

- \*Sick visits
- \*Observation by our Doctors/Midwives on the Labor and Delivery floor at CMC
- \*Referrals to perinatology center or other specialist during your pregnancy. This will be billed by the doctor you see at the other practice

TERMS: Co-pays will apply to an EXTRA CHARGE listed above and are to be Paid at the time of your visit. EXTRA CHARGES will be submitted to your insurance company as they are incurred.

Our billing department will be glad to speak with you at (607)266-7800. You may also fax us at (607)216-0093, e-mail us at [kmcfadden@ithacaobgyn.com](mailto:kmcfadden@ithacaobgyn.com), or send us a message via your patient portal once you have activated it. We will be glad to set up a payment plan for you if you wish to do so.

Your office appointments will always be scheduled with one of our providers at OB-GYN & Midwifery Associates of Ithaca. However; it is important to note that providers from both our office and Cayuga Women's Health are on-call at the hospital for deliveries and emergency visits. Due to this cross coverage, there is a chance that your delivery may be handled by the provider from Cayuga Women's Health. If this happens, your insurance will be billed appropriately from each doctor who took part in your care; prenatal, delivery, and postpartum.

At the time of delivery, your doctor/midwives' bill will be submitted to your respective insurance carrier. Your insurance company will be billed for the total cost incurred during the pregnancy. There will be an additional monthly service charge of \$15.00 if your account is not paid in full within 28 days once your insurance company has processed your claim, unless you have set up a payment plan with our billing department. We will be more than happy to assist you with any insurance problems or resubmitting that you may need. However; you must realize that our contract is with you the patient, and not the insurance company. We do send monthly statements to you if you have any chargeable items done.

**Leaving our practice:**

If a patient leaves our practice before delivery, we bill your insurance company on a per visit basis, and for any additional charges. If you are leaving the country YOU MUST PAY YOUR BILL IN FULL. If we receive payment from your insurance company, we will mail you a refund check. Please be sure to provide the office with a forwarding address.

We at OB-GYN Associates of Ithaca, remain conscious of health care costs to our patients. Due to the undetermined length of stay that you may require during your delivery, PLEASE CHECK WITH YOUR INSURANCE COMPANY REGARDING HOSPITAL PRE-CERTIFICATION. This is your responsibility.

**Circumcision:**

If your son is circumcised by one of our physicians, the charge will be billed to your insurance carrier. Please call us with your son's name and insurance information as soon as you get home from the hospital. We must have this information in order for correct billing to take place. Be sure to add him to your insurance policy within 30 days of birth. The fee for circumcision is \$600.00.

ANY QUESTIONS?

Please contact our billing department at (607)266-7800, by fax at (607)216-0093, by e-mail at [kmcfadden@ithacaobgyn.com](mailto:kmcfadden@ithacaobgyn.com), or via your patient portal once you have activated it.

\*\*Prices are subject to change. Listed price is not a guarantee of the amount that you will be billed.\*\*