



**Memorial
Healthcare System**

Special OB Pricing Program Terms and Conditions

- The program applies only to patients without health insurance.
- **FULL PAYMENT MUST BE RECEIVED PRIOR TO ADMISSION.**
- OB package starts at time of Mother's Admission, (not determined by date of baby's birth)
Baby must be discharged on the same day as Mother or additional costs will be incurred.
- Only routine boarder baby services will be covered in this quote.
- The special rates apply to complicated deliveries with physician checklist or deliveries without a completed checklist prior to 32 weeks.
- Babies requiring transfer into the NICU will incur separate charges (discounted rate @30% of charges)
- Physician/Midwife Prenatal care and other professional fees for delivery are billed separately.
- Labor checks are not included in the OB Package Price.
- Third party checks are not accepted.
- Zero balance letters will not be ready until 2 weeks after discharge.
- The special rates guarantee only semiprivate accommodations.

HOSPITAL SERVICES

Procedure	Length of Stay	Package Pricing	Additional days
High Risk Vaginal Delivery	Two day stay	\$6,000.00	\$1,000.00 (per day)
High Risk Vaginal Delivery With Tubal Ligation	Two day stay	\$7,500.00	\$1,000.00 (per day)
High Risk C-Section Delivery	Three day stay	\$10,000.00	\$1,000.00 (per day)
High Risk C-Section Delivery with Tubal Ligation	Three day stay	\$10,500.00	\$1,000.00 (per day)

Above prices do not include: Physician, Midwife, Anesthesia, Pathology fees or Circumcisions. Patient will receive separate bills for these services.

*Male Circumcision is not covered in the OB Package. Needs to be paid to the hospital. Total cost: \$500.00.

*Please contact Sheridan Healthcorp @ 1-800-296-2611 to pay for anesthesia. Approximate price for anesthesia is \$1,250.00.

*They can only honor these prices if paid in advance

*Please contact the Physician Referral Line @ 1-800-944-3627 to find a Physician or Midwife.

*Please contact Sheridan Healthcorp @ 1-800-296-2611 for a quote for the Neonatologist.

*If your newborn has a negative result for the CCHD they will need to have an Echocardiogram, additional charge applies.

INCLUDED SERVICES (Standards of Care)

Gentamycin Eye Ointment

Bilirubin

PKU

Hearing Screening

Hepatitis B Vaccine

Vitamin K Injection

Critical Congenital Heart Diseasescreening (CCHD)

If the full package payment is not received prior to delivery, the amount due will revert back to full charges. This program has been reviewed with me and I understand that the prenatal and delivery professional fees are billed separate.

Patient signature: _____

Date: _____

MR# _____

BN#: _____

Witness: _____

Pregnancy Risk Assessment Checklist

(One or more checked boxes may indicate potential for high risk pregnancy)

- **Age**
 - Teenager under age 17
 - Over 40 years old (with or without MFM consult)

- **Pre-Existing Health Conditions**

<input type="checkbox"/> Anemia (Hgb less than 8 g/dl)	<input type="checkbox"/> Intrauterine Infection (TORCH, Zika, etc.)
<input type="checkbox"/> Asthma or other pulmonary disease suboptimally controlled	<input type="checkbox"/> Kidney Disease (excluding UTI)
<input type="checkbox"/> Autoimmune Disease	<input type="checkbox"/> Maternal Congenital Defects (i.e. Cardiac corrected or uncorrected) or Genetic Disorders (i.e. CF)
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Obesity-pre-pregnancy or 1 st trimester BMI >35
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Psychiatric Disorder(s) –ongoing or h/o peripartum depression
<input type="checkbox"/> Hypercoagulable States; Coagulopathy &/or Bleeding Disorders	<input type="checkbox"/> Thyroid Disease-all hyperthyroid or suboptimally controlled hypothyroid
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Other _____

- **Conditions of Pregnancy**
 - Abnormal Placenta (Placenta Previa in 3rd trimester, Placenta Accreta, etc.)
 - Alloimmunization (Rh, Kell, etc)
 - Fetal Anomalies (Congenital, Intrauterine growth restriction, etc.)
 - Gestational Diabetes
 - History of Myomectomy/Uterine Surgery
 - History of Preeclampsia prior to 32 weeks or any h/o Eclampsia or HELLP Syndrome (any gestational age)
 - Multiple Gestation
 - Preterm Labor and/or history of spontaneous Preterm Delivery (PTD)
 - Prior C-Sections 3 or more

- **Lifestyle Factors**
 - Alcohol Use – In first trimester or ongoing
 - Cigarette Smoking – during pregnancy
 - Substance Use including Opioid Dependency – during pregnancy (Drug: _____)

- **Medications - ongoing with potential for maternal or fetal implications**
 - _____

- **First local Consultation Prior to 32 weeks of Gestation** Yes No (circle response)

Patient IS / IS NOT deemed a higher risk for complication(s) as of the date below (circle response)

Physician/Extender Signature: _____ Date: _____