

Women to Women OB GYN Care

Good Quality HealthCare for women by women

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Obstetrical Package Contract for Self-Pay Patient _____
and Women to Women Ob-Gyn Care, LLC
Date _____

The following is an explanation of our charges for cash paying patients:

The global obstetrical fee is \$4,500 for a normal vaginal delivery and a cesarean section.

The package includes: prenatal visits (including sick visits), basic OB blood work, Cultures, ultrasound at 20 weeks for anatomy and growth, diabetes screening, labor delivery and two postpartum visits up to six weeks.

Initial payment at first prenatal visit required payment \$ 500.00 if blood work, culture and Ultrasound done during the first visit.

Services not included in the package:

- Additional ultrasound \$200.00
- Biophysical profiles \$200.00
- Circumcision \$300.00
- Throat culture,urine culture TBA
- Consult by specialist if needed
- Hospital charges
- Epidural anesthesia

The consultation fee is \$300, if contract is signed the amount will be included in the package fee. The contract must be signed prior to second visit. We are more than happy to make payments arrangements with you, but we do expect your full balance to be paid by week 30 weeks. The Patient will be in breach of contract for failure to pay this amount in full before the stipulated date. If patient leaves the practice prior delivery, there will no reimbursement for the amount paid to date.

I, _____, have read the above fully and understand my responsibilities regarding my care and payment for such care. I also understand that I will be responsible for the payment for service and test s which is not included in above Described Obstetrical Package.

Signature of the Patient

Signature of Staff