

# ALPINE WOMEN'S CENTER

## OBSTETRICAL FINANCIAL POLICY

Our basic obstetrical charges are listed by expected method of delivery.

OB Care with Vaginal Delivery	\$4000.00
OB Care with C-Section Delivery	\$4400.00

The above charges include the following services:

Routine Prenatal Visits – up to 13 visits  
24 Hour Physician Availability  
Delivery and Postpartum Care

All other medical services are billed as independent charges. These include services such as:

Pre-Delivery Hospitalization  
Fetal Testing  
Lab Work  
Ultrasounds  
Care not associated with pregnancy  
Prenatal visits over 13

If your pregnancy is covered by insurance, we ask that you provide us with your insurance policy information at the time of your first visit. We will contact your insurance to determine your payment responsibility. We ask that the uncovered portion of your obstetrical fees be paid monthly and in full before the time of delivery. If at any time during your pregnancy your insurance changes, please notify our office. It is your responsibility to keep up informed of any changes in payment status. Failure to do so may leave you responsible for full payment.

If your pregnancy is not covered by insurance, the first half of the basic charges must be paid at the time of your first visit with the balance paid monthly in full before the time of delivery.

I have read and understand the above statements. I agree to pay Alpine Women's Center for my obstetrical care according to the Obstetrical Financial Policy.

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Signature

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Date

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Print

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Witness