

Hibiscus Women's Care, LLC

Obstetrics- Financial Policies (revised 11/24/15)

Welcome

Thank you for choosing Hibiscus Women's Care for your pregnancy and delivery. We are committed to providing you with the best possible medical care. We believe that good care starts with good communication. Your clear understanding of our practice financial policy is important to our professional relationship. Please review and contact our billing office for any questions.

Global Care - With the exception of Health First Health Plans your insurance company describes Global Care as all routine visits relating to normal pregnancy from the initial visit until 6 weeks after delivery, including delivery. Therefore, we bill one fee of \$4800.00 for normal delivery and post-partum visit at 4-6 weeks. If a pregnancy becomes high risk and requires extra visits (over 13), these visits will be billed as problem visits and copays will apply.

Health First Health Plans- Due to contracting and reimbursement issues we are not taking any Medicaid at this time. Health First Health Plans is billed as fee for service. They do not accept the global fee billing. Copays, deductible and co-insurance amounts will apply to routine and problem visits. We do not take Medicaid as a secondary. You will be responsible for any copay, co-insurance and deductible amounts.

Labs, Ultrasounds and Genetic Testing are not considered to be part of the global fee and are billed separately at time of service. We are unable to verify coverage on laboratory charges. Depending on your insurance coverage, you may be responsible for a portion of these charges. We do try to verify coverage for Ultrasounds and Genetic testing however, your insurance carrier will not guarantee payment. You will be responsible for any balances or non-covered testing. Please contact your insurance carrier for information of your coverage and benefits for any additional testing

Services that are not covered in the Global Fee that will be billed separately:

- Initial visit for confirmation of pregnancy.
- Laboratory – the processing of all Blood draws, cultures or specimens.
- Ultrasounds
- Hospital Charges
- Other Procedures (such as External Cephalic Version of Breech, Amniocentesis, Tubal Ligation)
- Services rendered by other providers (such as Genetic Counseling, Perinatologist Referral, Endocrinologist Referral, Amniocentesis, Ultrasound, Anesthesiologist)
- Genetic Screening Testing- Nuchal Translucency, cell-free DNA tests.
- Services outside of routine prenatal care (such as hospital visits for preterm labor, hyperemesis, kidney infection, collection of Cord Blood for storage, etc)
- Hospital or office visits due to injuries or illnesses not related to pregnancy (such as colds, sinusitis etc.)
- Circumcision of Male infant
- Medication (such as Steroid injections, Hormone shots, Flu Vaccine, Rhogam, TDAP, Laminaira, Cervidil)
- Newborn care
- Gestational Diabetic Program (nutritionist and diabetic education counseling)
- Fetal Non-Stress test (NST) Contraction stress test (CST), Biophysical Profile, Amniotic Fluid Index (AFI), Oxytocin Challenge Test (OCT)
- Multiple Gestation
- Assistant Surgeon for Cesarean Section
- High Risk Pregnancy (additional charges may apply) for medically necessary visits exceeding 13.

Patient Portion and Obstetrical Payment Plan - After your confirmation visit, your insurance company will be contacted to obtain your benefits for pregnancy and verify if precertification of service is required. Some insurance companies require the patient to contact them for prenatal registration and participation in their prenatal program. Please contact your insurance for requirements.

OB Payment Plan – When calling for pregnancy benefits, your insurance will advise us of your responsibility of the Global Fee. This is called your deductible and co-insurance. We collect this portion from you prior to delivery. Our policy is that the amount will be collected by your 24th week of pregnancy. We will create a Payment Plan based on the information received from your insurance company.

Health First Health Plans does not accept Global Fee billing and visits are billed on the day service is provided. Office visit charges (deductible and/or co-ins) or Copay will be collected at time of service. Your co-insurance for the delivery charge will be collected by the 24th week.

Payments are expected monthly and a Credit/Debit card may be kept on file.

Please remember that you may have a deductible that will have to be met. If this is the case, you may have additional charges that will be your responsibility.

Co-Pays -Based on your insurance policy, co-pays may apply for any testing or visit outside of the “Routine Prenatal Care”. Special testing, such as Non-stress test, may require copay at time of service.

HRA/HSA/Flex Spending - Higher deductible plans (HRA, HSA and FLEX) encourage patient to share more responsibility for how their health care dollars are spent. This means that you will have larger portions of your health care costs to pay. Plans vary from insurance to insurance making it almost impossible to track all plans, Due to this; Hibiscus Women’s Care requires the global fee to be paid by the 24th week of pregnancy, as with traditional plans.

Should you have a change in insurance during your pregnancy, please contact the billing department as soon as you have all the new information. We will call and get benefits meaning your payment plan may change. We will notify you of the new benefits.

**** A note about benefits****

Please keep in mind that although your insurance quotes benefits in regard to pregnancy there is no guarantee of payment. Insurance companies consider many factors when claims are being processed. Any questions in regard to an insurance payment must be directed to your insurance company.

Self-Pay Patients - In order to address the needs of our patients without insurance and patients with coverage limitation, we offer a 15% discount off our Global Maternity Fee. Amount is due by the 24th week and payments will be arranged and a Credit/Debit card will be kept on file.

Leaving the Practice - Should it be necessary for you to transfer care during your pregnancy, Hibiscus Women’s Care will bill your insurance for their portion of the global fee. If you are moving please provide us with a forwarding address. Refunds will be issued after insurance claims processed.

Tubal Ligation (sterilization) at Delivery - Sterilization procedure is an additional charge. Should you decide to proceed with sterilization, your insurance will be contacted in regards to coverage and benefits. You will be responsible for any co-insurance amounts prior to your delivery. You will be notified once benefits received

Circumcision of Male Infant- Payment is required prior to procedure if no insurance or not covered by insurance. This applies to patients under Medicaid, Self -Pay and when the patient on the plan is Child on the plan and the baby is the grandbaby.