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TO OUR OBSTETRICAL PATIENTS:

This information is given to you to help answer your questions about your pregnancy and delivery. It is not designed to discourage you from asking any questions, but to help you understand and enjoy your pregnancy. As with all types of general instructions, all of this information may not pertain to you; however, we are sure that you will find this a useful guide.

Your prenatal appointments will be at four-week intervals through the first seven to seven and one-half months, and at closer intervals thereafter. You are urged to keep your appointments as it has been proven that good prenatal care is important to your health and safety during pregnancy and delivery. Occasionally, your doctor will be unable to keep an appointment with you because of an unexpected commitment in the delivery or operating rooms.

To contact the doctor, please dial the office number. If the office is closed, the Telephone Answering Service will answer and will be able to locate your doctor. When your doctor is not available due to days or weekends off, vacations, illness, or attendance of medical conferences, you will be cared for by one of his/her associates. One or more doctors are always on call.

We deliver at The Women's Hospital.

Our obstetrical fee is \$4,211.00. This includes monthly office visits up to 28 weeks gestation, biweekly office visits up to 36 weeks, weekly office visits until delivery, hospital care at delivery, and your postpartum office visit. There are additional fees for all lab tests, ultrasounds, non-stress tests, circumcisions, etc. For unusual care such as a Cesarean Section, for example, there will be an additional charge. Be sure to check with your insurance company or employer to see what they will cover on the delivery fee to the doctor and whether or not they will cover lab work and additional testing. Your insurance agent or carrier can give you a definite figure. Also, please let us know if your insurance company requires a pre-certification of your delivery and hospitalization.

In the event that you do not have insurance coverage for your pregnancy, it is our policy to expect the full fee to be paid by your seventh month of pregnancy unless other arrangements have been made.

If you continue under our care, this will serve as an implied agreement that the above arrangements are acceptable to you. Please complete the attached form and return it to our office.

Our ultimate goal in providing your obstetrical care is your continued good health and the delivery of a healthy newborn. With your cooperation, this goal will be attained. If you have any further questions, please feel free to discuss them with us.

Sincerely,

Women's Health Care, P.C.