

Somerset

Gynecology & Obstetrics

3290 W. Big Beaver Rd.
Suite 444
Troy, MI. 48084-2914

Phone 248-816-9200
Fax 248-816-1017
www.somersetgynob.com

Explanation of Maternity Insurance Billing

As with all medical care, it is the patient's responsibility to know what their insurance covers, what their copay and deductible requirements are, which practices and facilities participate, and whether or not any prior authorizations or referrals are required. Some insurance companies may charge a higher copay/deductible if they are not notified about your pregnancy in advance. It is recommended that you inform your insurance once you become pregnant and ask the above mentioned questions. Once you learn what your out-of-pocket costs will be, please begin financial preparations at the beginning of your pregnancy so you will have the funds available to pay the large balances you may owe after delivery.

Unlike most medical services, *routine maternity care* is billed **globally**, which means all **routine** prenatal and postnatal visits and the delivery charges are billed to your insurance **after** you give birth. If your insurance charges a copay for **each** prenatal visit, payment will be collected at each visit. If your visit is **problem-focused**, such as diabetes, hypertension, urinary tract infection, etc, these are considered **non-routine** visits and are billed at the time of service. If you have an **office visit copay**, your insurance will apply it to these non-routine visits. If you have a medical reason which requires you to be monitored more often than normal routine prenatal visits, these additional non-routine visits will be billed separately and an office visit copay will apply.

Your ultrasounds, laboratory studies, and any additional testing (such as non-stress tests) are not part of the global charge and are billed at the time of service. Our doctors perform one ultrasound at your first OB visit to confirm your due date, and a second ultrasound at approximately 20 weeks to take growth measurements and check anatomy. Some insurance companies limit the number of ultrasounds covered, or may only cover them under certain circumstances, so you may want to ask your insurance company about ultrasounds. You may choose to decline any or all ultrasounds; please make this decision prior to scheduling any ultrasound.

Below is a list of procedure and diagnosis codes often used for some of the services mentioned above; your insurance company may ask for them to determine whether they are covered or not. But please keep in mind: the information given to you by your insurance company is not a guarantee of coverage.

	<u>Procedure</u>	<u>Procedure code</u>	<u>Diagnosis code</u>	<u>You may owe</u>
•	2 nd Ultrasound	76805	Z36	\$190.00
•	Circumcision	54150	Z41.2	\$250.00
•	*Cord Blood Harvesting	38205	Z52.001	\$250.00

*CORD BLOOD HARVESTING IS ELECTIVE AND NOT COVERED BY INSURANCE.

I have read the **Explanation of Maternity Insurance Billing** and understand my responsibilities regarding insurance coverage and my possible out of pocket costs.

Signature _____ Date _____