

## Special OB Pricing Program Terms & Conditions

- The program applies only to patients without health insurance.
- Full payment must be received prior to admission.
- Mother and baby must be discharged on the same day or additional costs will be incurred.
- Only routine boarder baby services will be covered in this quote.
- The special rates apply to uncomplicated deliveries only.
- Babies requiring transfer into the NICU are NOT included in this package. This will incur separate charges (You will be responsible for 30% of charges)
- Physician/Midwife Prenatal care and other professional fees for delivery are billed separately.

#### **HOSPITAL SERVICES**

| Procedure                                      | Length of Stay   | Package Pricing | Additional days      |
|--|------------------|-----------------|----------------------|
| Normal Vaginal Delivery                        | One - Two Days   | \$3,500.00      | \$1,000.00 (per day) |
| Normal Vaginal Delivery<br>With Tubal Ligation | One – Two Days   | \$4,000.00      | \$1,000.00 (per day) |
| C-Section Delivery                             | Two - Three Days | \$4,500.00      | \$1,000.00 (per day) |
| C-Section Delivery with<br>Tubal Ligation      | Two - Three days | \$5,000.00      | \$1,000.00 (per day) |

Above prices do not include: Physician, Midwife, Neonatologist, Anesthesia, Radiology fees, Pathology fees, Hearing tests on newborns or circumcisions. Patient will receive a separate bill for these services.

Please contact Sheridan Healthcorp @ 1-800-296-2611 to pay for anesthesia and hearing test. Approximate price for anesthesia is \$1,250.00 and approximate price for hearing test is \$334.00.

Please contact the Physician Referral Line @ 1-800-944-3627 to find a physician or midwife.

Please contact Sheridan Healthcorp @ 1-800-296-2611 for a quote for the Neonatologist.

| ive result for the CCHD th       | ey will need to have an Echocardiogram (additional charge)  |
|----------------------------------|---|
| INCLUDED SERVICE                 | S (Standards of Care)   |
| Bilirubin<br>Vitamin K Injection | PKU Critical Congenital Heart Disease screening (CCHD)  |
|                                  | very, the amount due will revert back to full charges. This nat the prenatal and delivery professional fees are billed separate |
|                                  | Date:   |
| HAR#                             | updated J.Leon 72015  |
|                                  |   |
|                                  | INCLUDED SERVICE Bilirubin Vitamin K Injection s not received prior to delive   |

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| Pediatrici                                     |                  | 8 SHAJES        | 500,00               |
| Edovard  | Couper           | \$N 2,          | 00,00                |

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Please contact Sheridan Healthcorp @ 1-800-296-2611 for a quote for the Neonatologist.

If your newborn has a negative result for the CCHD they will need to have an Echocardiogram (additional charge)

### **INCLUDED SERVICES (Standards of Care)**

Gentamycin Eye Ointment

Bilirubin

**PKU** 

Hepatitis B Vaccine

Vitamin K Injection

Critical Congenital Heart Disease screening (CCHD)

If the full package payment is not received prior to delivery, the amount due will revert back to full charges. This program has been reviewed with me and I understand that the prenatal and delivery professional fees are billed separate

| Patient signature:   | Date:      |                      |              |  |
|----------------------|------------|----------------------|--------------|--|
|                      | \R#        | updated J.Leon 72015 |              |  |
| Blood work (EN HAITI | ) CBC BC   | · · · · · · · / //// | - Rly        |  |
| Prior L visit        | Hey atiles | B A With Gen         | _ein a lyres |  |
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|                      | Sickle     | cell free or         | Electrophers |  |
|                      |            | u J                  | Electrophers |  |

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#### Laboratoire

CBC
VDRL or RPR
Blood type
Antibody screening
Hepatitis B surface antigen
Sickle cell prep or hemoglobin electrophoresis
Urine analysis

Examens recommandés

Gonorrhea Chlamydia Pap smear

Genetic screening (Quad screen) at 16 weeks Early first trimester ultrasound for dating One-hour Glucola Varicella antibody

Notez bien que s'il s'avère nécessaire de faire une visite à la salle d'urgence ou de subir des examens de laboratoire à l'hôpital avant l'accouchement, ce sera un coût supplémentaire.