

TRI-STATE MATERNAL-FETAL MEDICINE ASSOC. INC OBSTETRICAL PATIENT CARE AGREEMENT

Delivery Policy:

Tri-State Maternal-Fetal Medicine Associates, Inc., has a number of Maternal-Fetal Medicine specialists in our practice, as well as a Nurse Practitioner. You will see all the physicians, male and female, in the group during the course of your pregnancy. This serves three purposes: (1) Enables you to meet all of us, (2) Allows all the physicians to meet you and review your record and medical conditions, and (3) Increases your comfort level with the physician on call should an unexpected problem arise. You should be aware that the hospital call rotates with all the physicians, and it is not always known which doctor will be on call when you deliver or have an unexpected problem arise. You may not request a specific doctor to perform your delivery; however every attempt will be made for planned cesarean sections and inductions of labor to be scheduled with your primary doctor.

Your Hospital Stay:

When you are admitted to Good Samaritan Hospital, we will be your attending physicians for the duration of your stay. Since Good Samaritan Hospital is a major teaching hospital, and we are affiliated with the Residency Program, you will also be seen by one or more of our OB/GYN residents. Our residents are qualified physicians in their final years of training in Obstetrics and Gynecology. Their visits with you will always be under our direction and supervision. These knowledgeable professionals are an integral part of our healthcare team. Our OB/Gyn residents are on call 24-hours a day and are available to respond to any OB/Gyn emergency which may arise. Thus, it is in the best interest of you and your baby that they will be familiar with your daily condition should they need to respond to an emergency involving you or your baby, pending our arrival. Additionally, medical students from the University Of Cincinnati School Of Medicine may be assigned to participate in your care.

Birth Plans:

Given the nature of your high-risk pregnancy, Birth Plans are not appropriate and will not be considered. Please discuss any specific questions you have with your physician.

Disability Forms/Chart Copies:

All requests for completion of disability forms or Family Medical Leave forms will be completed within 10 business days of receipt in office. We realize there are special circumstances where time is a factor and these will be treated on a case-by-case basis. **There is a fee of \$10.00 per form that we complete for you. Payment is due at the time of the request, prior to the form being completed.**

Requests for copies of your medical record will require a one (1) week notice and proper written authorization. There is no fee for records being sent directly to another physician for on-going care. All other requests will be subject to a fee, which is computed using the current Ohio Department of Health guidelines, and must be paid prior to records being released.

Insurance and Billing:

We are maternal-fetal specialists, not regular OB/GYN's; therefore we **do not bill a global fee** for care. You will be billed a consultative level of service at your first visit, and an office visit for every appointment thereafter. If your insurance has a co-pay for office visits, you should expect to be responsible for that at each visit. All co-pays, deductibles and co-insurance balances are due at time of service. The appropriate delivery code will be billed upon delivery. All laboratory or antenatal testing is not included in the above fees and will be billed separately.

To avoid any misunderstandings regarding your healthcare insurance, you need to: 1) Check with your insurance company to make sure we (physicians) participate with your insurance plan; 2) Verify that Good Samaritan Hospital in Cincinnati is on your plan; and 3) If either of the previous answers are NO, you must verify that you have out of network benefits. *As a courtesy, we will bill your insurance company for you; however it still remains your responsibility to ensure that your carrier is processing your bills according to your contract. You will be held financially responsible for all co-pays, deductibles and co-insurance charges. Accounts must be kept in good standing, or you could be terminated from the practice.*

Cancellation of Appointments:

A fee of \$125.00 will be charged to the patient for any missed appointments with less than 24 hour notice of cancellation. This fee is not covered by your insurance company. We expect the fee will be paid before your next appointment. Patients who cancel appointments with less than 24 hour notice or no-show for 3 appointments will be terminated from the practice.

I acknowledge that I have received, read and understand the Tri-State Maternal-Fetal Medicine Associates, Inc. Obstetrical Patient Care Agreement. By signing below, I agree to the terms of the Obstetrical Patient Care Agreement.

Name (please print)

Signature

Date

Patient's Legal Representative

Relationship

Date

Reviewed with Staff Member

Date