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Obstetrics and
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Clinton Women's Healthcare, P.C.
Obstetrical Care Policy

6483 Citation Drive, Suite A
Clarkston, Michigan 48346
Phone: 248-922-0856 Fax: 248-922-9368

Thank you for selecting Clinton Women's Healthcare for your obstetrical needs. We look forward to partnering with you and providing the highest quality of care you deserve. Your clear understanding of this policy is an essential element of your care and treatment.

Clinton Women's Healthcare, P.C. will submit your bill directly to your insurance carrier. We will do all that we can to process insurance claims, but please remember that your coverage is a contract between you and your insurance company. Any balance that your insurance company does not pay, or is considered a non-covered service, is due from you or your responsible party. Many insurance companies require a deductible to be satisfied each year by the patient or responsible party before insurance benefits begin. We will verify insurance coverage before your visit. During the verification process we may find that your deductible has not been satisfied, in which case we will have to collect a reasonable amount before each office visit. Please contact your insurance company if you have any questions about your coverage.

If at any time there is a change in your insurance coverage or should you lose coverage entirely, please know: *it is your responsibility to inform us immediately.*

We **do not participate** with any state-funded insurance plans.

Global Fees

A "Global" fee includes all **routine** prenatal office visits, the delivery of your baby, and your postpartum visit.

59400	Prenatal Care and Vaginal Delivery
59510	Prenatal Care and Cesarean Section

Miscellaneous Fees

58611	Tubal Ligation w/ Cesarean Section*
54150	Circumcision*

Additional care may be needed for the well-being of you and your baby. This may result in charges which are not part of the "Global" fee. Any such charge(s) will be submitted to your insurance carrier at the time of service, not at the time of delivery. The following are some examples:

- Ultrasound
- Fetal Non-Stress test
- Amniocentesis
- Consults with other physicians such as Maternal Fetal Medicine Specialists
- Venipuncture for prenatal blood tests

It may be necessary for you to be seen for a problem that is unrelated to your OB care or even be admitted to the hospital prior to your delivery. There is always a charge for all unrelated office visits and hospital visits, such as a copayment or deductible.

*Not covered by some insurance carriers

Patient Signature: _____

Date: _____

SOME EXAMPLES OF BIRTH DEFECTS AND GENETIC DISEASES THAT MIGHT BE IN YOUR FAMILY

(Please check any of the following that might be in your family)

- | | |
|---|---|
| <input type="checkbox"/> Anencephaly (open skull) | <input type="checkbox"/> Malformations or birth defects |
| <input type="checkbox"/> Blindness or eye problem | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Bone disorder | <input type="checkbox"/> Mental retardation |
| <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Muscular dystrophy |
| <input type="checkbox"/> Chromosome abnormality | <input type="checkbox"/> Neurologic or degenerative disorder |
| <input type="checkbox"/> Cleft lip/palate | <input type="checkbox"/> Neurofibromatosis |
| <input type="checkbox"/> Cystic fibrosis | <input type="checkbox"/> Short stature (under 5 ft.) |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Sickle cell anemia |
| <input type="checkbox"/> Down syndrome (mongolism) | <input type="checkbox"/> Skeletal problems (like easily broken bones or curvature of the spine) |
| <input type="checkbox"/> Epilepsy or seizures | <input type="checkbox"/> Skin disease (including dark or light patches of skin) |
| <input type="checkbox"/> Heart defect | <input type="checkbox"/> Spina bifida (open spine) |
| <input type="checkbox"/> Hemophilia (bleeding tendency) | <input type="checkbox"/> Tay-Sachs disease |
| <input type="checkbox"/> Hydrocephalus (water on the brain) | <input type="checkbox"/> Urinary tract abnormality |
| <input type="checkbox"/> Kidney disease | |
| <input type="checkbox"/> Limb defects | |

Other _____

MEDICATION/DRUG EXPOSURES

YES NO

22. Do you take any prescription drugs or over-the-counter medications?
If you are pregnant, have you taken any medications since your last period?

Examples: *Please check those you have taken during this pregnancy.*

- | | |
|---|--|
| <input type="checkbox"/> Accutane or other dermatologic or acne medications | <input type="checkbox"/> Diet pills |
| <input type="checkbox"/> Antibiotics | <input type="checkbox"/> Female hormones |
| <input type="checkbox"/> Anticoagulants (blood thinners to prevent blood clots) | <input type="checkbox"/> Male hormones |
| <input type="checkbox"/> Antithyroid drugs | <input type="checkbox"/> Medications for epilepsy (seizures) |
| <input type="checkbox"/> Birth control pills | <input type="checkbox"/> Multi-vitamins |
| <input type="checkbox"/> Chemotherapeutic drugs (anti-cancer drugs) | <input type="checkbox"/> Steroids |
| | <input type="checkbox"/> Tranquilizers |
| | <input type="checkbox"/> Vitamin A supplements |
| | <input type="checkbox"/> Other high dose vitamins |

Other _____

- YES NO 23. Have you had any illness or infection recently or do you have any chronic disease not covered on the other side?

24. Have you had frequent or high fevers or do you take saunas or hot whirlpool baths?
25. Have you recently had x-rays or surgery or are you planning to do so soon?
26. Are you exposed to anesthetic gases, lead, other heavy metals or radiation in your occupation?
27. Have you been exposed to pesticides or potentially toxic chemicals at home or elsewhere?
28. Do you drink more than one glass of alcohol per week (including beer)?
29. Do you have a household cat or clean a cat litter box?
30. Do you eat raw or very rare meat?
31. Do you smoke? How many packs of cigarettes per day? _____
32. Do you use any other drugs or medications not previously listed?
33. Do you have any other questions or concerns regarding your ability to have a healthy baby?