PATIENT NAME	CHART #

PHYSICIANS TO WOMEN, INC. ESTIMATE CHARGES FOR OBSTETRICAL CARE AND DELIVERY CHARGE

AND DELIVERY CHARGE			
Doctor's Total Delivery Charge	NORMAL \$3,000.00	C-SECTION \$3,500.00	VBAC \$3,100.00
Obstetrical Visits (excluding 1s Global Obstetrical Package in Visits above 13 will be charged	cludes 13 antepartum		-
Charges not included in above fees w 1st Obstetrical Visit (varies if t		01 0 .	lically indicated
Ultrasounds\$185.00 - \$2 Non-Stress Test Hormone Injection (pri	\$120.00		ound per visit)
* All Lab Fees Will Be Billed to	Patient by Lab Co	rp. or Other Outsid	e Laboratory. ⁵
	** Fees Are Approxi	mate **	
Important:			
If a patient does not have any at the time of the visit. This must account current with regular within 24 months of first prena	ust be paid in full. We payments each month	require self pay patien	ts to keep their
Patients with insurance covera arrangements will need to be s		for the total delivery ch	arge, financial
If the patient decides to have a Business Office prior to the pr could result in an <u>Uncovered F</u>	ocedure to get benefit	s and preauthorization	. Failure to do so
If the agreed payment arrange medical records to another phy are not met, you may be turne	ysician or facility of y	our choice. If payment	0
•	her questions, please on the second s	contact our office at 982 Charges only **	2-8881.
Patient's Signa	ture	/	
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