

**West Suburban Women's Health  
SELF PAY Obstetric Plan**

Patient Name: \_\_\_\_\_ EDC: \_\_\_\_\_ Account #: \_\_\_\_\_

**Global OB consists of the following:**

- ❖ All Pre-Natal visits, delivery and the Post-Partum visit
- ❖ Delivery with one of our physicians at the hospital

Vaginal Delivery Global Cost:	\$4125 1 <sup>st</sup> Trimester
	\$3625 2 <sup>nd</sup> Trimester
	\$3325 3 <sup>rd</sup> Trimester
Cesarean Section Global Cost:	\$4325 1 <sup>st</sup> Trimester
	\$3825 2 <sup>nd</sup> Trimester
	\$3425 3 <sup>rd</sup> Trimester

**Initial payment due at 1<sup>st</sup> visit: \$1825**

**Additional charges, if applicable:**

- Individual prenatal visit (If Transfer) \$100
- Ultrasound \$171
- Flu Shot and Administration \$50
- TDaP Shot and Administration \$93
- Rhogam with Administration \$210
- AFI ultrasound (AFI) \$145
- Non Stress test (NST) \$140
- Baby boy circumcision \$200
- Required Lab Work Varies
- Tubal Ligation with Cesarean Delivery \$500

*We require a credit card to be on file for subsequent payments towards your OB package as well as any additional services required during your pregnancy. These payments will be charged to your card on file automatically, per your payment plan.*

**1<sup>st</sup> Trimester Payment Schedule**

**2<sup>nd</sup> Trimester Transfer Payment Schedule**

**3<sup>rd</sup> Trimester Transfer Payment**

<b>1<sup>st</sup> Visit(Approx 9 Weeks) \$1825 Due</b>	<b>1<sup>st</sup> Visit (Approx 18 Weeks) \$1825 Due</b>	<b>The entire payment is due in full at the initial visit to the practice</b>
<b>2<sup>nd</sup> Visit(Approx 13 Weeks) \$460 Due</b>	<b>2<sup>nd</sup> Visit(Approx 23Weeks) \$600 Due</b>	
<b>3<sup>rd</sup> Visit(Approx 18 Weeks) \$460 Due</b>	<b>3<sup>rd</sup> Visit(Approx 28 Weeks) \$600 Due</b>	
<b>4<sup>th</sup> Visit(Approx 23 Weeks) \$460 Due</b>	<b>4<sup>th</sup> Visit(Approx 32 Weeks) \$600 Due</b>	
<b>5<sup>th</sup> Visit(Approx 28 Weeks) \$460 Due</b>		
<b>6<sup>th</sup> Visit(Approx 32 Weeks) \$460 Due</b>		

**Please sign and date this agreement:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_