

**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 6 week 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

**Payment in full due at 1<sup>st</sup> visit**

**Additional charges, if applicable:**

- Individual prenatal visit \$100
- 2 week post partum visit \$112
- 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 any additional services required during your pregnancy. These payments will be charged to your card on file automatically.**

**Please sign and date this agreement:**

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

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