



MERCY CLINIC
OB SELF-PAY PACKAGE: TRANSFER PATIENTS

Maternity patients without insurance coverage will be given a discounted fee for their maternity package.

You are a patient who has transferred care to our practice. Your package will include:

- Antepartum Care, 4-6 visits: \$660.75
- Antepartum Care, 7 or more visits: \$1,124.25
- Delivery and Post-Partum Care: \$1,600-\$1,800

\$700 is required up front and the full amount due is required prior to delivery.

Laboratory testing may occur and will be billed separately to you, directly by the lab.

Any services performed outside our practice during your pregnancy, i.e.: Perinatal Center, Women’s Evaluation Unit (WEU)/Maternal Welcome Center; will be separately billed by those entities.

You should be aware that there may be other services which the doctor determines to be medically necessary during your pregnancy that will be billed in addition to this package. Pregnancies deemed “High Risk” may also incur additional charges. Here is a list of common services that could occur during your pregnancy that are not included in the package that will be due at time of service.

Anatomy Ultrasound:	\$202.50 (any credit remaining from initial \$700 payment will be applied)
Follow-Up Ultrasound:	\$157.50 (any credit remaining from initial \$700 payment will be applied)
Non-Stress Test (NST):	\$72.00 (per NST performed) (any credit remaining from initial \$700 payment will be applied)
Biophysical Profile (BPP):	\$140.25 (per BPP performed) (any credit remaining from initial \$700 payment will be applied)
NST & BPP:	\$174.00 (any credit remaining from initial \$700 payment will be applied)

Circumcisions will incur an additional charge.

Circumcision: \$358.50

In addition to our physician bill, you may receive bills for you or your baby from other sources including, but not limited to, the hospital, anesthesiologist, radiologist, pathologist, pediatrician, and/or neonatologist.

Mercy Hospital also has a childbirth program for women who do not have insurance coverage for maternity. Please contact Mercy Financial Counselors at 314-251-3832 for more information regarding hospital fees.

Thank you,

Mercy Clinic OB/GYN

*****The charges listed above are subject to rate change without notice. All prices are listed with the 25% self-pay discount included.**

Patient/Guarantor: _____ (Signature) _____ (Date)

Staff Initials: _____