

Stephanie Mandelman M.D.

Ob/Gyn

The following fees schedule has been devised to help you plan for obstetrical fees that are payable to this office:

VAGINAL DELIVERY: \$2,800

Includes OB history and physical (1st visit not included)
Routine prenatal care and post partum care.

CESAREAN DELIVERY: \$3,500

Includes OB history and physical (1st visit not included)
Routine prenatal care and post partum care.

COMPLICATED OB/V-BAC DELIVERY: \$3,300-\$3,800

Includes OB history and physical (1st visit not included)
Higher risk prenatal care and post partum care.
Attempting vaginal delivery, if not successful, a c-section
Will be performed.

SURGICAL ASSISTANT FOR CESAREAN DELIVERY: \$800.00

ADDITIONAL FEES:

There will be additional fees for laboratory procedures, ultrasounds, fetal stress test, complications of pregnancy, labor induction, emergency office visits. Also the hospital of your choice will bill you for services rendered while admitted in the hospital. Rhogam injection and circumcisions are billed separately at the time of service.

INSURANCE BILLING:

We are happy to bill your insurance company for OB care and delivery. If other charges are incurred during your OB care we will bill them at the time of service.

We also ask that you pay a portion of our fees based on your insurance coverage/maternity deductible. We will determine the amount that will be due by 32 weeks along in your pregnancy. Please feel free to discuss this with our office manager.

All questions regarding finances should be directed to our billing office.

Absolute Medical Billing @ 818-865-1611.

CASH PAYING PATIENTS:

The entire balance including pre/postnatal care will be due in full by 32 weeks along in your pregnancy. Whether you are delivering by vaginal or cesarean delivery. We strongly recommend making payments throughout your care with us. Note: There will be additional fees from the hospital, anesthesiologist, labs, please contact the hospital of your choice for an estimate of what this will cost you.

I agree to pay the fees of \$_____ . Due by _____.

Signature: _____ Date: _____.