



THE WOMEN'S HEALTHCARE GROUP
1693 South Queen Street
York, Pennsylvania 17403
717/845-1621 Fax: 717/854-6939
www.thewhcg.com

MATERNITY CARE FINANCIAL POLICY

Please note: This policy covers only the services rendered by our practice. Any services such as lab fees or hospital charges are billed by the facility where the service was performed.

If you have commercial insurance coverage...

- We accept most major insurances. It is your responsibility to seek services from providers and facilities that participate with your insurance company. For a list of the insurances we accept, please visit our website at www.thewhcg.com or contact our billing office.
- **Maternity Fee** - Most insurance plans pay one fee for maternity care, which includes all prenatal visits, the delivery, and post partum care.
- At the beginning of your maternity care with us, we will contact your insurance company to verify your maternity care benefits. If your coverage requires that you pay coinsurance, this amount is due by the 28th week of the pregnancy. We will contact you to set up a Budget Plan. A discount is available for early payment.
- Please notify us immediately of any changes to your insurance during the course of your pregnancy.
- Additional services such as ultrasounds and fetal non-stress tests are not part of the Maternity Fee and are billed when provided.
- We participate in Healthy Beginnings Plus, which is part of the PA Medical Assistance program.

If you do not have insurance coverage and you are not eligible for Medical Assistance...

- We offer discounts off our Maternity Fee for those who are uninsured and paying out of pocket. Our business office staff will discuss the available discounts with you and get you set up on a Self Pay Budget Plan.
- Additional services such as ultrasounds and fetal non-stress tests are not part of the Maternity Fee and are billed when provided. Discounts are available when full payment is made at the time of service.

Additional fees – We charge additional fees in the following situations, but we hope these will not be applicable to you.

- **\$10.00 Billing Fee** – This fee is charged if no payment has been received within 60 days of receiving the first bill for a particular service. This fee is charged for each statement sent after the 60 day point. This is to cover the additional billing fees associated with maintaining your account, and to encourage prompt payment.
- **\$5.00 Payment Plan Fee** – If you have a larger balance and qualify for a payment plan, we will charge \$5.00 per month for the duration of the payment plan to cover the costs of maintaining the plan.
- **\$25.00 No Show Fee** – This fee applies if you miss or cancel an appointment without providing at least 24 hours notice.

Questions? Please contact Brooke at billing@thewhcg.com, or 717-845-1621, extension 240.

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