



The Birth Center of Boulder :: Financial Policy and Deposit on Services

At The Birth Center of Boulder (BCoB), we do our best to be transparent in our policies. To that end, we ask you to carefully review this policy and address any questions to our administrative team.

Your insurance policy is a contract between you and your insurance company. BCoB is not responsible for your policy or the financial implications of that policy. The most important thing is for you to **know** and **understand** your policy. Larsen Billing will help you understand the basics of your policy through the verification of benefits but it is up to you to get curious, ask questions, and fully understand your policy. If you have a healthcare representative or broker it is important to bring her/him into the conversation. The financial implications of insurance policies vary widely and we cannot guarantee your financial responsibility.

LARSEN BILLING :: We have partnered with Larsen Billing, an off site billing agency. Larsen Billing is responsible for submitting all claims to your insurance and following up to ensure that you get the best reimbursement possible. Each client (except for Medicaid, all out of network policies, Tricare, Kaiser, and cash pay), will need to register with Larsen Billing to verify insurance benefits. The verification of benefits costs \$20 and can be completed on Larsen Billing website (our provider pin is **14059**).

IN-NETWORK INSURANCE :: We have in network contracts with, United Health, Anthem Blue Cross Blue Shield (PPO) Cigna (PPO, some HMO, select and some OAP), Aetna (PPO) and Medicaid. Contact your insurance company, your customer service number is located on the back of your insurance card, to verify in network eligibility. A BCoB administrative staff will set up a payment schedule for your 'estimated' patient responsibility (including registration fee, copayments, deductibles, and coinsurance). Once your care is complete and all insurance claims have processed, BCoB will reconcile your account and send you a statement to either collect remaining patient responsibility, or refund any overpayment.

OUT-OF-NETWORK :: The birth center administrative staff will set up a payment plan based on our cash pay price:

The cash pay price is \$7,300. This fee includes a registration fee of \$300, global maternity fee of \$2,800, maternal facility fee (charged upon admission in labor) \$3,200, and a newborn care fee of \$1,000. These fees do not include and are not limited to diagnostic tests, such as ultrasound and non-stress tests, non routine labor and birthing supplies (including antibiotics, IV hydration fluids, etc.), all lab tests, cervical balloon or other natural induction methods (i.e. acupuncture), outpatient lactation consultations, immunizations (Rhogam, flu, TDAP, etc).

Complete deposit on services is due by 36 weeks of pregnancy, unless otherwise arranged in advance. BCoB can bill your out of network insurance for services. please discuss out of network insurance options with BCoB administrative staff.

REGISTRATION FEE :: A \$300.00 registration fee is due at your first appointment. This fee is payment for additional services offered by BCoB that is not covered or valued by your insurance policy. This fee is non-refundable.

PAYMENT PLAN :: At initial appointment after we have received your verification of benefits from Larsen Billing, BCoB can estimate your financial responsibility for care. The estimated responsibility is due by the 36 week visit.

LABS + ULTRASOUNDS:: All labs will be sent to Genpath unless you inform your care provider at the time of lab collection that you want to use another lab. Any questions about labs can be directed to Genpath or your insurance company. We refer ultrasounds to Boulder Community Health unless you request otherwise.

MISSED APPOINTMENTS :: We ask out of respect that you call us if you are running more than 10 minutes late or need to reschedule your appointment.

DISPUTES :: We prefer to resolve all billing questions directly with our clients. If a venue becomes necessary for 3rd party involvement, we require the venue to be within Boulder County.

TRANSFERS :: If a client transfers at any time during care, you will be charged for services rendered at BCoB. Once your account is reconciled you will receive a final bill or refund. You will enter into a separate financial relationship with your transfer care provider.

MATERNITY FINANCIAL POLICIES :: BIRTH CENTER CARE PACKAGE

This includes the Registration Fee, Global Maternity Fee, Maternal Facility Fee, and Newborn Care Fee.

- Registration Fee is due at the first prenatal visit. This fee is Non-refundable
- 24 hour availability of midwife.
- Initial 1 hour visit with midwife including: complete physical exam, medical history review, risk assessment, record review, lab draws, and initial prenatal education and counseling.
- Visits with midwife for routine prenatal care, each visit lasting approximately 30 minutes.
- Continuous care, support, and monitoring by the midwife during labor, birth, and postpartum period.
- Immediate breastfeeding assistance after birth.
- Four postpartum examinations: 1-2 day home visit (within 45 minutes of clinic) or clinic visit for mother and newborn, 1 week clinic visit for mother and newborn, 4 week wellness check for family & 6 week clinic for mama.
- BCoB classes
- Routine supplies and equipment for labor, birth, and postpartum. Excluding medications.
- Initial assessment and newborn examination at birth, administration of erythromycin ointment (optional) and vitamin k injection (optional), collection of metabolic screens, and perform critical congenital heart defect screen, and hearing screen.
- Birth Certificate and social security card filing.

The above fees do not include and are not limited to: Labs, Ultrasounds, Non-stress tests. IV fluids. Medications. Acupuncture. Lactation Consultations. Immunizations. Rhogam. Non-pregnancy related visits: UTI's, vaginal infections, etc.

I have read and understand these policies and agree to fulfill my financial responsibility.

Printed Name: _____

Client Signature :: _____

Date :: _____