

# Downeast OB/GYN

Joseph L. Benoit MD, PA • Kimberly S. Kauffman, MD • Christopher A. Rumsey, DO

Specialist in Obstetrics and Gynecology  
BOARD CERTIFIED ABOG, FACOG

Next Apt: \_\_\_/\_\_\_/\_\_\_

Patient: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Account #: \_\_\_\_\_ EDC: \_\_\_/\_\_\_/\_\_\_

## **Obstetric Prepayment Plan/Goal:**

After the birth of your child, most families experience less income, and additional bills from pediatricians and the hospital among others. Our goal is to have your account paid in full by the time you deliver.

- Our billing staff has checked your eligibility and benefits. If you have not met your full deductible and/or coinsurance requirements we will ask for a prepayment of up to \$1,500.00 prior to your delivery. You are expected to complete your prepayment by the end of your pregnancy unless other arrangements are made. Should you transfer your care during your pregnancy, we will bill your insurance for our portion of the global fee. You are required to let our office know immediately if you have any changes in your insurance coverage including changing policies, adding a secondary insurance such as Maine Care, or termination of a policy. These changes must be reported immediately to ensure proper billing of your services. We can only back bill insurances within a certain time frame.
- **The "OB Package" or "Global" billing for maternity consists of 13 routine prenatal care visits, delivery, and the postpartum visit which is billed after you deliver. The Global OB Package does not include charges for: lab work, injections, non-pregnancy related visits, ultrasounds, non-stress tests, anesthesia, hospitalizations, sterilization procedures, or any other tests or exams required for your care and the care of your baby. Those will be billed at the time services are rendered and applied to your deductible and out of pocket. You may see a statement for these services. That statement is due **IN ADDITION** to your prepayment amount.**
- We will use the prepayment plan towards your balances throughout the pregnancy if payment for the recent statement has not been paid on. If there is any money left over at the end of your pregnancy the credit will be applied to the Global package once you have delivered. We will set up an additional payment plan if needed once you have delivered.. After your insurance is billed if there is a credit on the account we will refund any overpayment within 30 days of that statement unless you want to keep it on file to use for any future appointments depending on the amount.
- For our patients with Health Savings Accounts or Health Reimbursement Accounts (HSA/HRA) you **MUST** check your individual: Flex Spending/HSA/HRA accounts to make sure they allow pre-payments and the amount available.
- If your maternity care spans 2 calendar years, 2 separate deductibles may apply. We will recheck your benefits the beginning of the year, and we expect you to do the same.
- Most insurance companies and Medicaid are only covering up to 3 routine ultrasounds. Any ultrasounds that are not considered medically necessary per individual insurance policy will be the patient's responsibility.

### ➤ **Prepayment Agreement:**

- I understand that i will be discharged from the practice if balance is sent to collections and understand the balance still needs to be paid immediately as failure to pay is considered " theft of services" and you will be held accountable.
- I understand if I have a remaining balance after the prepayment plan has been applied to all outstanding charges for my OB care , I will be offered to set up payment arrangements for the remainder of the balance.
- I understand that I can receive a 10% discount on the balance due when paid in full 30 days from statement date.

### **THIS AGREEMENT IS AN ESTIMATE OF YOUR RESPONSIBILITY (We do not verify this information for you.)**

Insurance: \_\_\_\_\_ Deductible: \$ \_\_\_\_\_ Coins: \_\_\_\_\_ % MAX\$ \_\_\_\_\_

Covered 100%     HRA/HSA/FLEX: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Ref (#): \_\_\_\_\_

CREDIT CARD ON FILE    AMOUNT \$ \_\_\_\_\_     MONTHLY     WEEKLY    WITHDRAWL DATE: \_\_\_\_\_

Estimated Prepayment Amount..... \$ \_\_\_\_\_

**5 Payments of \$**     **6 Payments of \$**     **7 Payments of \$**     **Other \$**

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

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## Harvard Pilgrim Obstetric Payment Contract

Because your insurance company does not allow us to ask for prepayment of your estimated responsibility, our office requires you to guarantee payment for the services we have rendered. You will be given the opportunity to pay your balance in full upon receipt of statement once you have delivered and the insurance company has paid there portion. If payment is not received, your account will immediately be turned over to collections and you will be discharged from our practice. Failure to pay can be considered "theft of services" and additional legal action may be initiated.

The "Global Package" for maternity consists of 13 prenatal visits, the delivery, and your postpartum visit. This is billed to the insurance when you deliver. Ultrasounds, injections, non-stress tests, swabs, office visits not related to the pregnancy, etc. are billed to the insurance company when services are rendered and are **not** part of the Global Package. Claims are typically processed within 15-45 days.

By signing below, you acknowledge that you are responsible for any amount the insurance places to your responsibility (deductible, coinsurance, or copays). Once we receive notification of your responsibility, we will send a statement for the **total amount** due for that service. Because of the nature of OB care, you will have some services that are due during your pregnancy, and the bulk of the charges (The Global Package) will be billed **after** you deliver.

**\*\*You will be sent a statement showing your balance after your insurance has been billed and has paid their portion of what is due for your OB Global package. You are responsible to pay the remaining balance in full upon receipt of your statement. \*\***

### **Billing Agreement:**

- I agree to all the statements above, and understand that my insurance does not allow Downeast OB/GYN to require me to prepay my estimated responsibility in advance.
- Upon reading this contract you understand that you are responsible to pay your remaining balance for your Golbal OB Package after your insurance has paid there portion.
- You understand that you will be discharged from the practice if payment is sent to collections and still needs to be paid immediately as failure to pay is considered " theft of services" and you will be held accountable.
- I agree to either pay balance in full when bill is revceived. I will have an option to set up a payment plan at my 6 week post partum visit if I cannot afford to pay the balance in full. I am aware I may be asked to put a credit card on file to automatically be withdrawn for monthly installments for the remainder of the balance.
- If balance is paid in full within 30 days of the statement date, and I will revceive a 10% discount on the balance .  
(Not to be combined with any other discount or agreement)

Deductible \$ \_\_\_\_\_ Out of pocket \$ \_\_\_\_\_ Checked benefits on \_\_\_/\_\_\_/\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_