BEST START BIRTH CENTER

3630 Enterprise Street, San Diego, CA 92110 Phone: 619-299-0840 Fax: 619-299-0892 www.beststartbirthcenter.com

FINANCIAL INFORMATION

Best Start Birth Center's Total Prenatal & Delivery Cost is: \$7,950. Clients cannot omit **medically indicated** care to reduce payment. A payment will be due at each visit, which is applied to the total fees. Payment is expected in full by 34th week of pregnancy. If full payment is made by the 28th week of pregnancy (or at the first office visit), Self- Pay/Cash clients will receive a prompt pay discount. Clients with insurance or other benefits will incur fees based on their plan guidelines. There may be an additional optional fee for Comfort Items if paying cash or these items are not billable to your insurance or benefit plan.

For Medi-Cal Members: As a Medi-Cal member, you cannot be charged any additional fees or surcharges for accessing or receiving medically necessary freestanding birthing center services.

Best Start provides value-added services at *no additional cost to you*. In addition, we also provide non-covered "Comfort Measures" that are generally not billable to insurance but we believe necessary in order to provide you with an enhanced, integrative, holistic birth experience.

Value Added Services:

- Luxury of longer, individualized visits with a midwife as compared to traditional, standard OB care and direct access to a CNM by phone 24/7 in order to maintain and provide this value-added holistic care
- Private birth suite including room, birthing pool, and bathroom
- Unlimited access to free holistic prenatal and postpartum support classes
- Unlimited access and use of Birth Center kitchen facilities and amenities. Nutritional support items such as high-energy snacks, fluids and ice as needed
- While clients are ultimately responsible for confirming their insurance benefits, as a courtesy, Best Start offers on-site billing assistance to help with insurance related questions regarding cost of care and interpretation of benefits, which helps you to understand your financial obligation prior to initiating care and as your care progresses, so that you can focus on your pregnancy rather than negotiating your insurance

***Holistic Comfort Measures** (non-covered support services) for labor and birth include: deep water hydrotherapy/immersion in birthing pool; homeopathy; rebozo, birth balls, birth stools, sub-dermal water papules, tens unit, nitrous oxide, and essential oils for physiological labor enhancement with ambulatory/mobility/positional techniques

* Cost for Holistic Comfort Measures is \$500/ (Tricare/Active Military reduced rate \$250/ MCAL no fee)

Global Fee includes:

Professional: Includes all prenatal visits, birth, and postpartum visits, 24-hour Certified Nurse Midwife communication, visits with Certified Nurse Midwife (CNM), prenatal exams, CNM professional time at birth; NST/AFIs evaluation, Labor Evaluations.

Facility: Includes materials, supplies, use of equipment, NST/AFI facility fee, availability of emergency services, private birth room and bathroom, birth assistant to provide care in coordination with provider, and initial facility newborn care prior to discharge.

Additional charges not included above but usually covered by insurance:

Necessary lab work is sent out to LabCorp or Quest. They will bill you or your insurance company directly.

Initial (client acknowledges

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We do not bill for lab work. Below are the routine tests (for others see office staff): Prenatal lab work and additional labs as indicated Ultrasounds, versions; NST's

Physician Consults if indicated (there may be a \$100 charge, contact physician's office for information) Hospital charges if utilized; Pediatrician services, hospital charges and fees charged by other providers

Not included in the above package & generally not covered or billed to insurance

(see billing manager to inquire as to whether your insurance covers any of the below services)

Forms/electronic submission for disability/FMLA, etc......\$30.00 ONE TIME FEE for all forms (\$20 Active Military Clients/ No fee for Medi-Cal)

Childbirth Education Class...... \$275.00 (Fee Waived Tricare/Active Military Clients) (Medi-Cal: No Fee for Childbirth Education Classes or Comprehensive Perinatal Services Program)

Refund due for unutilized Non-Covered Support Services: Patients are responsible for inquiring about any possible refund directly with the billing department: You can submit your refund request via email at: <u>drocha@beststartbirthcenter.com</u> or by leaving a message with the front desk at 619-299-0840x4. Refunds are not automatic. Refunds are processed within three weeks after notice. Refunds are made out to the patient. Refunds are mailed out to the address on file. Ensure your address is up to date. Refunds are processed minus 2.5% of credit card fees if paid with card.

As a mission-driven organization that seeks to be accessible to as many families as possible, Best Start operates without a profit margin, seeking simply to cover its costs. If you elect to waive any refund due, your generosity will assist another client who may be experiencing financial hardship.

Best Start is covered by most commercial insurances, many PPO's and several Medi-Cal Managed Care Plans. All estimated deductibles and co-pays are due by the 34th week of pregnancy. Your care will be itemized after all your claims have been processed. An invoice for any underpayment or a refund for an overpayment will be issued in approximately 60-90 days from the last date of service. If you are paying out-of-pocket for your maternity fees (no health insurance at all) speak to the Office/Billing Manager for further information or billing concerns at 619-299-0840 x4. We will collect payment for cost of each office visit, at the time of service. Payment will be applied toward the total fee. Payment should never be a barrier to care at Best Start Birth Center. We offer a sliding scale for those who qualify; see billing manager. (FEES ARE SUBJECT TO CHANGE)

Client understands and acknowleges receipt of Finanacial Policy:

Signature	 Date
Print Name	
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