

## **OBSTETRICAL BILLING AGREEMENT** with **Susie N. Chung, M.D., P.A.**

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### **Our fees are:**

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|---|---------|
| • "Global Maternity" for prenatal care with vaginal delivery (Procedure Code 59400) | \$3400. |
| • "Global Maternity" for prenatal care with C-Section (Procedure Code 59510)        | \$3800. |
| • Circumcision of newborn son (Procedure Code 54150)                                | \$ 250. |

The Global Maternity fee **includes**: all of your "routine" prenatal office visits, your delivery & your routine post-partum visit(s). It **may not include**: any lab bills for cultures collected in our office, problem or high risk care (ex. urinary tract infection, hypertension, pre-term labor, diabetes, etc.) routine blood work, sonograms, injections, emergency hospitalizations (aside from your delivery). The global maternity fee is applied when one doctor provides all of your maternity care. Global care begins **after your initial visit** documenting your pregnancy. If however, you receive any portion of your routine maternity care from another doctor or if you change insurance carriers at any time during your pregnancy, we must bill your maternity care in "pieces" as they occur.

**Payment for non-routine charges** will be billed to your insurance at the time of service. Once your insurance processes the claim, any patient responsibility is due within 30 days of the explanation of benefits.

**A note about standard allowed amounts** - Insurance companies pay a percentage of what they determine to be a "standard allowed amount". As a participating physician with your insurance company, Dr. Chung agrees to accept the "standard allowed amount" as payment and will not bill you the difference between our fee and your insurance plan's "standard allowed amount".

**Patient financial responsibility** may include a **deductible** and/or **co-insurance**, and/or **co-payment(s)** as determined by your insurance plan's customer/ provider service number or website. **If your insurance plan has a patient co-insurance greater than 0%, that amount is due to be paid to our office, no later than the 32<sup>nd</sup> week of your pregnancy** (unless you have met your "out of pocket" maximum by that date). We do not collect unmet deductible in advance, however, should any unmet deductible be applied to any claims processed for Dr. Chung's services, those amounts must be paid within 30 days of your insurance company's dated explanation of benefits. We will notify you of any applicable deductible and/or required pre-payment as soon as possible. We encourage you to research your insurance benefits and coverage as well.

Please note that all **hospital/anesthesia charges are separate**. The fees discussed here only pertain to your doctor.

**PATIENT ACKNOWLEDGEMENT:** I understand and agree to the information provided above. I understand the fees above are based on assumption of an uncomplicated pregnancy and information provided by insurance companies is never guaranteed. **In the event my private insurance terminates or changes, I agree to notify Dr. Chung's office immediately.** I understand that Dr. Chung does NOT participate with medical assistance plans. I understand that regardless of insurance, I am ultimately responsible for my entire bill. I agree to pay my balance within 30 days of receiving my explanation of benefits.

/ /  
Patient's printed name      date of birth      Patient's Signature      Date

<b>For Office Staff:</b> global    non-global    date checked: _____ Web or Spoke to: _____			
EDD: _____			
Patient's primary insurance _____ Renews _____			
Patient's Co-insurance _____ Unmet deductible _____ OOP _____			
Co-insurance amount _____ Due by _____ Paid Date _____			
Other Insurance: Circle: Secondary or Replacement			
insurance _____ Renews _____			
Patient's Co-insurance _____ Unmet deductible _____ OOP _____			