



## **BIRTH PLAN PREFERENCES**

Whether this is your first pregnancy or not, we understand this is a very special time and we're excited to go on this journey with you! It is an honor and responsibility we do not take lightly. Our ultimate goal is to provide you with quality obstetrical care, a safe delivery, and a healthy mom and newborn.

Although we make every attempt to respect your requests for a birth plan, it's important to remember the labor and delivery process cannot be 'planned'. We feel it is necessary to advise you of Camelback Women's Health's policy to provide you the best medical care possible; without the influence of questionable and sometimes dangerous information found on-line and on social media.

At the discretion of the physician, it may be necessary for:

- ❖ Late 3<sup>rd</sup> trimester cervical exams
- ❖ Continuous fetal monitoring for the welfare of your unborn child
- ❖ Artificial rupture of membranes
- ❖ Pitocin augmentation or delivery techniques used to hasten delivery; if necessary, for the well-being of you or your baby.
- ❖ Intravenous (IV) access (which is a requirement of admission by the hospital)
- ❖ Administration of Vitamin K to newborn for prevention of bleeding/strokes

Your physician, and only the physician, can direct the medical necessity for any of these procedures. If for any reason you choose to decline or refuse to adhere to our policies, we must recommend you transfer your care to another physician/group more suited to your needs. Upon your written authorization, we will transfer your medical records.

By signing below, **I confirm my understanding and acceptance** of Camelback Women's Health's policies as stated in the information above.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Camelback Women's Health Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## **OBSTETRIC GENETIC SCREENING & INFECTION HISTORY**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Obstetrician: ☐ Bernhard ☐ Blackstone ☐ Nelson ☐ Schwartz ☐ Tsang ☐ Unsure

Date of your last menstrual period: \_\_\_\_\_ Pre-pregnancy weight: \_\_\_\_\_

Baby's father or partner's name: \_\_\_\_\_ Baby's father or partner's phone: \_\_\_\_\_

Relationship to baby's father or partner: ☐ Husband ☐ Significant Other ☐ Other: \_\_\_\_\_

Baby's father or partner's occupation: \_\_\_\_\_

Baby's father or donor's racial background: ☐ African American ☐ Asian ☐ Caucasian/White  
☐ Native American ☐ Pacific Islander ☐ \_\_\_\_\_

Will you be 35 years of age or older at the due date? ☐ No ☐ Yes

\*\*\*Do you, the baby's father/donor have a personal or family history of any of the following:

	NO	YES	IF YES, WHO?
Thalassemia			
Neural Tube Defect			
Congenital Heart Defect			
Down Syndrome			
Tay-Sachs			
Canavan Disease			
Sickle Cell Disease			
Hemophilia or Blood Disorders			
Muscular Dystrophy			
Cystic Fibrosis			
Huntington's Chorea			
Mental Retardation/Autism			
Tested for Fragile X			
Other Inherited Genetic or Chromosomal Disorder			
Diabetes			
Previous Child with Birth Defects (including father's history)			
Recurrent Pregnancy Loss or Stillbirth			
Any other Genetic History			
Exposure to someone with TB			
Patient or Partner with Genital Herpes			
Rash or Viral Illness since last menstrual cycle			

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date



## **PRENATAL FINANCIAL RESPONSIBILITY INFORMATION**

***Congratulations on your pregnancy!*** As our medical team helps guide you through your prenatal care, our administrative and billing departments are here to help you determine and plan for the financial portion of your care.

Pregnancies are billed to insurance companies as a “**global package**”. The prenatal “package” includes the services provided to you based on a normal, routine pregnancy – office visits, urinalysis, delivery of infant, hospital discharge, and your post-partum visit.

The prenatal package does **not** include charges for non-routine/problem visits, fetal non-stress testing, vaccines, ultrasounds, laboratory services, hospital charges, anesthesia charges, or pediatric care. These services are billed to and processed by your insurance company as they occur.

Although your prenatal care is billed to your insurance company as a “package” when you deliver, Camelback Women’s Health’s policy requires payments on the **anticipated** patient responsibility charges throughout your prenatal care. Because you will be receiving invoices from the hospital, anesthesiologist, and pediatrician after the delivery, this will be one less medical expense you will need to worry about when it’s time to focus on your newborn.

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### What happens next?

- **Step 1:** We will contact your insurance company to verify your maternity coverage and determine what your financial obligations will be (co-pays, co-insurance, and/or deductibles) based on your insurance policy.
- **Step 2:** We will calculate your portion of the anticipated charges based on the information provided to us by your insurance company.
- **Step 3:** You will receive a letter from our administrative office outlining what your financial responsibility will be and a proposed payment plan.
- **Step 4:** On your next visit to the office, we will have you review and sign an acknowledgment for your financial responsibility and monthly payment schedule. Your portion of the financial responsibility must be paid in full by your 36<sup>th</sup> week of pregnancy. We accept cash, checks, and all major credit cards.
- **Step 5:** If you cannot meet the suggested monthly payment plan, our Patient Accounts department will assist you in arranging a payment plan suitable to your budget.

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Camelback Women’s Health relies on the information provided to us by your insurance company and is **not responsible** for any incorrect information provided to us. We urge you to know and understand the details of your insurance policy. You will be billed for any additional remaining balance or you will be refunded if you have overpaid.

Our billing team is available to answer any of your questions Monday through Friday from 8am -5pm in our business office located at 11209 N. Tatum Blvd, in suite 220.

Camelback Women’s Health is **contractually obligated** to collect patient co-pays, co-insurance, and applied deductibles in full, so therefore, your physician cannot adjust your financial responsibility.

I have read, understand, and agree to the information provided to me above. I understand I am responsible for paying my portion of the account balance before my 36<sup>th</sup> week of pregnancy.

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Patient Name

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Date

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Patient Signature