

## ***Women for Women***

**1302 Franklin Ave, Suite 2200**

**Normal, IL 61761**

**M-TH 8am-4:30pm, F 8am-12pm**

**309.888.9900 Fax 309.888.9919**

**[www.bnwomenforwomen.com](http://www.bnwomenforwomen.com)**

### **OBSTETRICAL PATIENT INFORMATION**

#### **Communication**

Feel free to ask questions or voice concerns during your visit. We welcome and encourage you to call the office for any medical problems or additional questions. Please make non-emergency calls during routine office hours. This allows the on call practitioner to handle emergencies in a timely manner.

If an emergency arrives after regular business hours, please call the office at 309-888-9900 and listen to the message for instructions on how to reach the care giver on call. No routine questions or medication refills will be handled at this time. Please also bear in mind that the care giver may be tied up in an emergency or delivery but will get back to you as soon as possible. If you feel you need to go to Labor and Delivery or the Emergency Room, please do so and the practitioner will be contacted by the facility at the time of your arrival.

#### **INSURANCE BILLING**

We will bill all participating insurance companies for the obstetric patient. Because of this, it is mandatory that you notify us of any change in insurance coverage. We do not accept Illinois Medicaid as a secondary insurance.

**It has been our experience that most patients have an out of pocket expense with each pregnancy. In order to offset a potentially substantial bill at the end of the pregnancy, when the arrival of the baby brings along expenses as well, we strongly recommend that you make payments towards the prenatal care expenses at each visit. Your Insurance's Customer Service Department can help you determine the out of pocket cost so you can plan your payments.**

Your prenatal and postpartum visits as well as the delivery are billed as a global package fee after you deliver (some exceptions apply). The global package includes the following. Any additional testing or procedures beyond these visits may be an additional charge.

*\*Initial visit between 8 and 12 weeks*

*\*1 visit every 4 weeks until approximately 30 weeks gestation*

*\*1 visit every 2 weeks thereafter until approximately 36 weeks gestation*

*\*1 visit every week thereafter until delivery*

Additional charges, such as ultrasounds, laboratory testing, and non-stress testing will be billed to your insurance company at the time of service. Any balance remaining from these tests will be sent to you, the patient, for payment.

## **APPOINTMENTS**

Please Schedule appointments while checking out after your visit or by calling our office. If you have been advised of the need for an ultrasound or non-stress test please tell the receptionist at the time of scheduling so an appropriate appointment can be made. If you have twins please inform the receptionist so the appropriate amount of time can be reserved for you.

Drs. Svientek and Thornton are dedicated to the care of their patients, however, either or both may be called out for a delivery or an emergency at any time. We ask for your understanding and patience. We will be happy to offer you an appointment with Amanda Boitnott, WHNP if appropriate and if she is available or reschedule your appointment. You are always welcome to wait for the return of your doctor.

## **ULTRASOUND**

It is common to have an ultrasound as part of the routine testing between 18 – 20 weeks gestation and again at 28 – 32 weeks gestation. While most insurance companies will cover both, it is your responsibility to verify this with your insurance carrier. An optional first trimester screening ultrasound for the assessment of the fetal nuchal translucency is offered at 10 – 13 weeks gestation.

Ultrasounds check for fetal and placental abnormalities; however they cannot detect all problems. They do not detect genetic abnormalities. You will be given pictures from the visit but videotaping is not allowed. Electronic images are available if you provide us with a flash drive.

## **LABORATORY TESTING**

Routine blood work is performed at scheduled times throughout the pregnancy.

1<sup>st</sup> trimester: Prenatal profile – CBC (blood count), Blood type and antibody screen, Rubella, RPR (Syphilis), Hepatitis B, and HIV.

First trimester combined serum screening (pregnancy associated plasma protein (PAPP)-A and free B – HCG) or CVS testing for genetic abnormalities are optional tests and you should contact your insurance carrier for coverage.

2<sup>nd</sup> trimester: Quad marker or Tetra screen is offered between 15 and 20 weeks gestation. In addition screening for cystic fibrosis, and amniocentesis are offered at 16 – 20 weeks. These tests are optional. Feel free to discuss them with your care provider. Harmony prenatal testing detects common fetal trisomies in pregnancies of 10 weeks or more, based on direct analysis of fetal DNA in maternal blood.

3<sup>rd</sup> trimester: CBC and 1 hour glucose is offered at 25 – 28 weeks. No special preparation is required for these tests. RhoGam may also be administered at this time if appropriate. At approximately 36 weeks GBBS vaginal screening is performed along with any other lab tests your doctor feels are necessary at this time.

Please notify the nurse at each laboratory visit if your insurance requires a particular lab. A drawing fee is assigned at the time of the collection of the specimen; however the laboratory will bill you or your insurance directly for the testing.

### **HIV TESTING**

HIV infections can cause a broad range of medical conditions. Some persons who have HIV can have no symptoms of the disease and can lead a “normal” life for many years. However, for most it will eventually cause damage to one’s immune system. When a person’s immune system becomes so weak that he or she suffers serious or fatal illnesses, it is said that that person has AIDS. Infants are prone to contracting HIV from an affected mother unless certain precautions are taken. It is for this reason that ACOG recommends all pregnant women be screened for HIV. This will be included in your routine testing unless you state you decline testing.

### **Hospital Stay**

Drs. Svientek, Dr. Thornton and Dr. Haas have privileges at both Advocate Bromenn and OSF St. Joseph’s Medical Centers. Please contact you insurance carrier to determine if yon hospital is preferred over the other. Please contact their admitting offices to pre-register. While this is not mandatory it will alleviate stress during your admission.

Advocate BroMenn 309-268-5988 or 309-268-5572 after 3:30pm.

OSF St. Joseph’s 309-662-3311

### **Circumcision**

Dr. Svientek, Dr. Thornton and Dr. Haas can perform this procedure on your newborn male at your request. Please inform the doctor at the time of delivery. Local anesthetic is given as well as Tylenol to aid in your infant’s comfort.

## ***Women for Women***

### Obstetrical Payment Planning

Dear patient,

We are happy and proud you have entrusted us with your medical care. We strive to provide premium medical care. Now we strive to help you understand the changing insurance environment as well as payment at the time of service which is expected and contractually obligatory. Below you will find a brief explanation of some financial terms and conditions.

*Women for Women* will be providing you with an estimate for out of pocket cost for the services rendered/to be rendered to you during your prenatal, delivery and immediate postpartum period, based on the information we get from your insurance company. This verification of benefits and estimate of out-of-pocket expenses is a courtesy provided by our office; all benefits are subject to eligibility, medical necessity, terms, conditions and limitations of the policyholder's plan at the time of service. It is ultimately your responsibility to know your plan benefits.

As described below, many commercial insurances pay at a certain level and almost all patients will have an out of pocket expense with the pregnancy and delivery.

**We expect this estimated patient responsibility amount to be paid in full by 32 weeks gestation.**

After the delivery of your baby/babies you will most likely receive invoices from the Hospital, Laboratory, Pediatrician and possibly us, because this is just an estimate. Please be assured that any overpayment will be reviewed and, if appropriate, a reimbursement will be issued.

**CO-INSURANCE** – Co-insurance is based on the pre-determined level of coverage outlined in your insurance policy – many commercial insurance companies pay on claims at a level of 80/20, meaning the insurance company will consider and pay on 80% of the charges and the remaining 20% is considered the patient's co-insurance. It is important that you review your insurance coverage to determine your level of co-insurance. If your insurance coverage only pays a percentage portion of your insurance claims, then you will be billed for any remaining balance - deductibles or co-insurance - determined by your insurance company, along with any amount that your insurance considers to be over the usual and customary fee.

Additionally, many insurance companies maintain a preferred provider network that allows for reduced co-insurance amounts when patients utilize in-network, preferred providers. It is the patient's responsibility to verify network participation prior to obtaining health care services. In the event that *Women for Women* has a preferred provider agreement with your insurance, any applicable write-offs will be taken prior to billing you for any remaining balance.

**CO-PAYMENTS** – *Women for Women* is a preferred provider with many third party payers. Many of these insurers require a co-payment for office visits. If your insurance coverage

requires a co-payment for office visits, you will be required to pay this at the time you check-in for your appointment.

**SELF-PAY PATIENTS (no insurance)** – Patients without any valid insurance coverage will be required to pay for any charges at the time of service. A \$500/month payment is expected from any self-pay pregnant patient; this amount will cover routine prenatal visits and routine vaginal delivery without complications. Any lab work, ultrasounds and complication coverage will incur additional charges.

**CODING FOR YOUR SERVICES** - Many insurance companies have restrictions on the type of services that are covered by their policies. For example, preventative services may be excluded or limited to one preventative visit in a 12-month period, or problem related visits might be subject to a deductible, etc. It is the patient's responsibility to know the limitations of her particular insurance coverage. Women for Women cannot charge for services based on the limitations of your individual insurance policy. Government regulations dictate that all health care providers must submit claims that accurately reflect the services that are provided and documented in the patient's medical record. Please don't request our staff to bill services in a particular manner in an effort to enhance reimbursement by your insurance company. To maintain compliance with current government regulations and uphold the highest ethical standards, our staff is under strict guidelines that demand that they code services to the highest degree of accuracy. Based on this, in the event you are seeing your physician for preventative services, but at the same encounter, address additional problem related issues, we may be required to charge for these additional services.

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### **CORD BLOOD COLLECTION AGREEMENT**

Your baby's umbilical cord blood is a valuable source of non-controversial stem cells. Stem cell research may eventually lead to therapies that could be used to treat diseases that affect many lives. Many companies will provide you with the ability to collect your baby's cord blood for donation or for private collection.

Understand that this technique is still considered experimental and the decision for collection is yours. Should you desire private collection, please sign this agreement and return it with a \$275.00 Collection Fee. This must be paid in advance of delivery and will be refunded if the blood is unable to be collected. Your insurance will be billed and if it is a covered service you will be refunded the fee upon our receipt of payment by them.

It is also your responsibility to bring a copy of the instructions and the collection kit with you at time of delivery.

**I have requested that my doctor collect my baby's umbilical cord blood at the time of delivery. I request only that a prudent effort be made by my physician to collect the blood according to the instructions from the company (which I will supply).**

**I am not requesting that my doctor play any role in receiving or examining the kit used for the collection nor in the handling of the specimen after it is collected. I will not hold the doctor responsible for any inability to collect the cord blood sample or any problems related to the collection, storage, or use of the cord blood in the future.**

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**Patient signature**

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**Date**

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CONSENT TO STERILIZATION

I, \_\_\_\_\_, give my consent for the physicians of *Women for Women* to perform a tubal ligation. The risks have been explained to me, which include, but are not limited to bleeding, infection, injury, and a failure rate of 1/300. I understand that this procedure is permanent and not reversible. I also understand that there is a risk of an ectopic pregnancy if pregnancy should occur. I have no further questions.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ Copy given to patient

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### **QUAD MARKER (TETRA) TESTING CONSENT**

I have read the information regarding the Quad marker which is contained in the initial pregnancy packet given to me by my physician.

I am aware that:

- ♦The purpose of this test is to detect most fetuses with an open neural tube defect, Down syndrome, or Trisomy 18. However, not all such defects are detected with this test.
- ♦There are other birth effects that cannot be detected by this test.
- ♦If the result is "screen positive," I will need to make a decision regarding follow-up testing.

I have read the detection rates as outlined in the handout.

I am aware that a blood specimen is only reliable between 15 and 20 weeks of pregnancy.

I have had my questions answered to my satisfaction.

**YES, I REQUEST MY BLOOD DRAWN FOR THE QUAD MARKER TESTING**

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

\_\_\_\_\_  
Date

**I REQUEST THAT MY BLOOD NOT BE DRAWN FOR THE QUAD MARKER TESTING**

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

\_\_\_\_\_  
Date