



All American Ob/Gyn
413 Owen Drive Suite 101
Fayetteville NC 28304
910-480-4880

MATERNITY CONTRACT

It is the policy of this office that all patients be given an estimation of total global charges, the amount of deductibles and coinsurances as verified by your insurance company. In the event, that through your ultrasound you find out you are having a boy you will be asked to prepay \$335.00 for the circumcision. If this procedure is covered by your insurance company we will refund you the prepayment when payment has been received from the insurance company. Please be advised this is a practice that has both male and female providers and we cross cover with other practices that has both male and female providers and as such we cannot guarantee that you will be delivered by a female provider. We ask that all payments be complete by the seventh month of pregnancy. Your individual estimation is listed below.

Cesarean Section with OB care	\$5240.00
Normal Pregnancy with Normal delivery	\$4624.00
Ultrasound/Sonogram	\$360.00

Total Estimated Amount	_____
Deductible	_____
Coinsurance	_____

Amount due before the seventh month of pregnancy _____ Payments are to be made at each scheduled appointment.

I agree to abide by this agreement and I also agree to pay for any services not covered in the global services.

Signature _____

Date _____

Witness _____