



# Women Gynecology & Childbirth Associates, P.C.

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Webster, New York 14580  
585.787.8480

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Rochester, New York 14612  
585.720.9280

## FINANCES

### Financial Coverage

The fee for obstetrical care includes only the routine medical care related to your pregnancy. This includes the nursing obstetrical talk, the initial physician visit, subsequent routine prenatal visits, delivery and postpartum visits. Additional fees will be incurred for:

- any laboratory tests
- diagnostic tests (ultrasound, X-rays, AFP, amniocentesis, genetic counseling, non-stress tests)
- medications/injections
- any additional surgery
- any visit for a medical problem not related to every pregnancy. (ie: urinary tract infections, kidney stones, high blood pressure, hyperemesis, etc)

Copayments will apply to all of these visits and are expected at the time of service.

Postpartum family planning visits may incur additional charges depending on the type of birth control option chosen. Surgery for sterilization will have additional charges as well.

If a change in insurance occurs at any time during your pregnancy, you must notify us immediately. Please inform the receptionist and/or call the Billing Office at **(585) 244-4360**. If you have an HMO plan (Blue Choice, Preferred Care, Blue Choice Option, Preferred Care Option), you need to have a medical primary care internist listed, as well as one of our physicians as your OB/GYN physician. If this is not done, your insurance company may not pay for your claims and you will be responsible. Also, remember to add your baby to your insurance policy as soon as he/she is born.

If you have a Commercial Insurance, we will need a copy of your insurance card so we can verify your benefits, and to precertify your maternity admission, if needed. Any fees not covered by your policy, such as copayments and deductibles, should be paid in full by the 36<sup>th</sup> week of pregnancy. You should notify your insurance company whenever you go to the hospital to deliver.

### Circumcision

Circumcision is an individual choice. If you wish your son to be circumcised, please let your provider know. You will need to sign a consent form for the procedure.

We will need the following information as soon as the procedure is done: infant's full name, insurance company, contract number with suffix (00, 01, 02) and the subscriber's name. Please call our billing office with this information so we are able to obtain payment from your insurance carrier. If we are not notified, you will be responsible for the fee.

**We are happy to answer any questions regarding fees or assist you with financial arrangements. Again, our Billing Office telephone number is (585) 244-4360.**

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