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**OBSTETRICS • GYNECOLOGY • INFERTILITY**

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**OB PAYMENT COLLECTION AND CHARGE POSTING PROCEDURES**  
**(for patients to keep)**

Our practice understands that maternity billing can be very confusing so we have created some handouts to help explain the process. This sheet, along with the OB Fee Information Sheet, is provided for you to be aware of what your financial responsibilities are. Also keep in mind that because unanticipated billing issues may come up during your pregnancy (ex: an insurance change), it is best to read this information carefully and keep it for future reference.

**GENERAL INSURANCE AND BILLING INFORMATION**

Insurance companies are responsible for explaining benefits to their subscribers, and each patient is responsible for understanding their insurance plan. All benefit and claims processing related questions should be directed to the insurance company. Our office should not be contacted for an explanation of benefits or with questions as to how a claim was processed. We do not have the information necessary to assist you with these issues.

A patient's benefits for charges incurred outside the global fee may differ from the benefits quoted for the actual global fee itself. Some charges incurred may not be directly related to the pregnancy. For example, evaluation of a vaginal infection is not related to the pregnancy and may be processed differently.

**PAYMENT REQUIREMENTS FOR MATERNITY PATIENTS**

All of our maternity (OB) patients are expected to have paid their estimated out of pocket expense for OB care by the beginning of their seventh month of pregnancy, regardless of insurance coverage. The estimated amount, whether it is 100% or a lesser amount, is divided into monthly payments, with the final payment due two months prior to the expected date of delivery. This amount is an estimate and does not guarantee that there will not be an additional amount owed by the patient. If the account is overpaid, a refund will be issued after all the claims have been processed.

Maternity patients will receive a monthly billing statement during the pregnancy. This should include their estimated responsibility for the global fee, as well as any other charges which have been incurred. Payments may be made by mail or in the office, whichever is most convenient.

**MATERNITY PATIENTS WITH INSURANCE**

The following procedure is followed for OB patients with maternity coverage. Insurance information is obtained and benefits are verified on the day of the patient's initial obstetrical appointment, or soon afterwards. (If a patient calls their insurance company to verify maternity benefits, she must specifically ask about the global fee or benefits will most likely be misquoted.) Any information that we have regarding benefits is quoted to us by the insurance company. Based on the information obtained, the patient's out of pocket expense for the global fee is estimated and an "OB Fee Worksheet" is completed and explained to the patient. If we have a contract with the patient's insurance plan, the out of pocket expense is based on the contracted rate. If we do not have a contract, the estimate is based on the full fee. The OB Fee Worksheet is filed in the chart for future reference and payment recording purposes. The estimated out of pocket expense is recorded in the computer and in the chart.

This out of pocket expense is posted to the patient's account as a budgeted amount, to offset the scheduled payments. Therefore monthly bills mailed to the patient during her pregnancy will include any currently unpaid portion of this budget amount. When the patient delivers, the budget amount is deleted from the computer and replaced by the actual global fee. It is this global fee which is filed with insurance. The budget amount is not filed with insurance because it represents the estimated amount that the patient will owe for the global fee, and is not the actual charge. The patient should keep in mind that this amount is only an estimate. It more than likely does not include any unmet deductible and does not include any charges other than the global

fee. After paying this estimated amount, it is not unusual for the patient to still have a balance remaining due on her account.

Charges incurred which are outside of the global fee (See OB Fee Information Sheet for an explanation of what is included in the global fee) are posted to the account and filed with the patient's insurance as they are incurred. Payment for these charges is expected from the insurance within 30 days of filing the claim.

#### **MATERNITY PATIENTS WITHOUT MATERNITY COVERAGE**

The following procedure is followed for obstetrical patients without maternity coverage: An OB Fee Worksheet is completed either prior to, or on the day of the patient's initial obstetrical appointment. The sheet is then filed in the patient's chart for future reference and for payment recording purposes. The global fee is posted to the patient's account on the date of the initial appointment, for billing purposes. Payment for the global fee is due by the beginning of the 7<sup>th</sup> month of pregnancy and will be divided into monthly payments. Charges outside of the global fee are posted as they are incurred and added to the amount the patient is expected to pay. Payment for additional charges is due at the time of service.

#### **REIMBURSEMENT ACCOUNTS**

We do not become involved with medical expense reimbursement accounts and the patient's participation with such a plan has no effect on our payment collection policies. Scheduled payments may not be delayed in order to accommodate benefits offered by such a plan.

#### **PATIENTS FOR WHOM THE GLOBAL FEE DOES NOT APPLY**

Patients who transfer from our practice before delivery, or do not carry the pregnancy to term, are not charged the full global fee. If the global fee has already been posted, (patients with no maternity benefits) it is deleted and replaced by the appropriate charges for the ante partum visits actually incurred. For patients with insurance, the appropriate ante partum care charge is posted for visits incurred and the claim is filed with the patient's insurance carrier.

Patients transferring their care here from another provider may also be charged a pro-rated fee, if they are transferring late in the pregnancy.

#### **INSURANCE CHANGE DURING PREGNANCY**

If a patient's insurance changes during pregnancy, the global fee is pro-rated and the appropriate charges are filed with the insurance plan which was in effect at the time of service. The total charge to the patient remains the same, but is divided into two claims. *It is extremely important that we have complete and accurate insurance information at all times. The patient is responsible for ensuring that we have this information and that we are notified of insurance changes as soon as they take place.*

#### **FILING OF CIRCUMCISION CLAIMS**

If our patient has a baby boy, she may choose to have him circumcised. We will file the claim for this charge, although filing this claim may present some challenges. First, the only insurance information that we have in our computer is the mother's insurance. If the baby is on a different policy, we must have that information in order to submit the claim. Lastly, the claim sometimes reaches the insurance company before the baby has been added to the policy, causing it to be denied. We ask that the patient provide us with the correct insurance information and that she follow up on the claim.

#### **INSURANCE CONTRACTS**

Insurance contracts between a medical office and an insurance company are not signed for a predetermined period of time. Contracts are always subject to change. Either the medical office or the insurance company may decide to terminate a contract, for a variety of reasons. Therefore, it is impossible for our office to ever guarantee that a contract will remain in place for a specified period of time. Typically, a minimum of 90 days notice is given when the decision is made to terminate a contract. This decision, when made by our office, is not made without significant cause and careful deliberation. If our office cancels a contract, it is done with justifiable reason and with regret to any inconvenience caused to our patients.

**We hope that this information is helpful and we suggest that you keep this handout for future reference.**

