



Explanation of Medical Services & Financial Policy

Thank you for choosing us as your healthcare provider. We are committed to your care. Your visit may consist of several service components. Please read carefully the standard services that we provide to our patients. The following is a statement of our Medical Services and Financial Policy, which we require you to read and sign prior to treatment. Please understand that payment of your bill is considered part of your treatment. If you need clarification of your insurance status, please contact our office or your insurance carrier for additional information. We are here to help.

STANDARD SERVICES

1-New visit, Follow up visit, or Consultation.

Depending on the complexity of your medical history and the time needed to address your problems, you will receive a new visit, follow up visit, or consultation, which may be limited, moderate, or extensive. The billing will vary based on the time spent directly with the Maternal-Fetal specialist.

2-Ultrasound: Ultrasound evaluation of the fetus, placenta, uterus, cervix, and ovaries may be performed at each visit if medically necessary. Expect the ultrasound evaluation on average to last between 30-60 minutes as it entails a detailed evaluation of the uterine and fetal anatomy. Ultrasound billing will vary based on the following:

a-Complete/Detailed obstetrical ultrasound (abdominal and/or vaginal): one or more fetuses

b-Limited obstetrical ultrasound (abdominal and/or vaginal): one or more fetuses

c-Vaginal ultrasound: often used for pregnancies prior to 12 weeks' gestation.

A complete/limited ultrasound is performed at each of your visits if you have not been seen for 3-5 weeks. The fetal anatomy is reviewed and the fetal weight is assessed. If your visits are more frequent than every three weeks then the ultrasound evaluations are considered limited, unless a fetal weight estimate is deemed necessary and the fetal anatomy is reevaluated.

Billing for the ultrasound will include two components: I) technical, obtaining the necessary views and measurements; and II) professional, interpreting the technical component. The technical component may be performed either by the ultrasound technician or by the physician. The physician will always review the technical component and will always perform the professional component.

3-Doppler flow studies: the ultrasound equipment in our office is equipped with Doppler capability. This technology allows assessment of blood flow patterns in different parts of the fetus, placenta, and uterus. In the fetus, by using color Doppler flow for example, the heart anatomy can be evaluated more completely. Also, evaluation of the umbilical, middle-cerebral, and uterine arteries by pulsed Doppler may assist in early diagnosis of pregnancies at risk of poor fetal growth or maternal complications. Doppler studies require 5-10 minutes to perform. Color flow and pulsed wave Doppler are billed separate

4-Other services, each billed separately from the aforementioned services:

a-Amniocentesis: If you require an amniocentesis allow 10-15 more minutes to your visit.

b-Fetal cardiac echo (ultrasound of the fetal heart): if your fetus has or is at risk of having a cardiac abnormality, you may need a detailed fetal heart ultrasound. This requires 45 minutes.

c-Non-Stress Test (NST): An NST requires 15-20 minutes.

d-3-D and 4-D imaging.

e-Other: inquire at the front desk

Please note that the E.O.B. (Explanation of benefits) from your insurance company should indicate C. Scott Naylor, M.D. as the treating physician.

Regarding Our Usual and Customary Rates:

Our practice is committed to providing the best treatment for our patients and we charge only what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. We accept cash, checks, and most credit cards for your convenience. Returned checks are subject to a \$30.00 return check fee.

Regarding Your Insurance Benefits:

It is your responsibility to understand the terms and requirements of your insurance plan. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We cannot bill your insurance unless you give us your insurance information. Regarding insurance plans where we are a participating provider, you are responsible for supplying our staff with your current insurance card prior to seeing the doctor. If you do not have your card, you will be required to pay for the visit in full, at the time of service. We will refund any overpayment to you upon determination of your benefits by your insurance carrier. Your co-pays and deductibles will, likewise, be due at the time of service. As a courtesy, we will bill your insurance company for the remainder of the balance. Please be aware that some of the services provided may not be covered by your medical insurance. You will be responsible for any remaining amount owed. In the event that we are not a participating provider with your insurance carrier, we require that you pay the balance in full and/or provide a credit card with authorization to bill that account for the balance.

Regarding Insurance Authorizations:

It is the patient's responsibility to obtain insurance authorization for any and all procedures and services for which they are referred, in addition to any services recommended by the consulting physician and accepted by the patient. The patient will be responsible for any additional costs insurance does not cover. If, at the time of your visit, additional procedures are recommended by the consulting physician, you will be advised of any additional insurance authorizations required or patient costs in advance.