

| Patient Name:  | DOB:   | Date:   |
|--|--|---|
| ☐ I have been informed that the fee for the Prenatal cost of the program and understand the breakdown of   |  | y \$1,875. I agree to the approximate                                       |
| \$400.00Appointment #1 – Blood tests and medical hi<br>(Covers \$150 office visit fee and \$250 of lab fees)   | istory intake  | Based on my last menstrual period,  |
| \$250.00Appointment #2 — Physical, blood test review (Covers \$150 office visit fee and \$100 of lab fees)   | and consult with your provide  | I am approximately  |
| \$100.00Follow Up Appointments – Exam and consult (Does not cover additional labs/testing that may be needed   |  | weeks pregnant.   |
| \$85.00Follow Up Appointments – Exam and consulta (Does not cover additional labs/testing that may be needed   |  |   |
| $\square$ I understand that all fees paid are <u>non-refundable</u> .  |  |   |
| $\square$ I understand the Prenatal Care Program offered th include the following:   | rough Community Outreach N   | Medical Center (COMC) does NOT  |
| <ul> <li>✓ PC Program fee does <u>not</u> include post-partum</li> <li>✓ PC Program fee does <u>not</u> include OB ultrasou</li> <li>✓ PC Program fee does <u>not</u> include associated h</li> <li>✓ PC Program fee does <u>not</u> include labor &amp; deliv</li> <li>✓ PC Program fee does <u>not</u> include any addition</li> </ul>               | nd(s).<br>nospital costs.<br>very or any associated costs.   | oy my provider.   |
| COMC has partnered with the University Medical Ceroffer special discounted rates to our patients for service of the first two visits at COMC, below is a brief listing of *Please note, these fees are subject to change based to  | ces not covered under the Pren<br>f approximate fees for services  | natal Care Program. With the exception NOT covered by the fees paid to COMC |
| <ul> <li>✓ Medications and consultations with external strength</li> <li>✓ Ultrasounds (performed at UMC; approximately \$40.</li> <li>✓ Laboratory testing at CPL (approximately \$40.</li> <li>✓ Delivery costs (approximately \$2,569.00; perfactors) *You will have to register for the Baby Steps Factors (without complications) = \$</li> </ul> | ely \$150)<br>0 total; this includes the \$340.<br>Formed at UMC through the <i>Ba</i><br>Program prior to delivery in ord<br>ns) = \$1,125.00 | 00 paid during the first two visits)  aby Steps Program)                    |
| I have read, understand, and agree with the terms and  | d fees for the COMC Prenatal C   | Care Program as listed above.   |
| Patient Signature or Legal Representative  |  | <br>Date  |