



Haven Ob/Gyn

Brad Moore MD Bryan Jewell MD Leah Pombo WHNP

4360 Chamblee-Dunwoody Rd
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www.HavenOb.com

This is a contract for services between _____ (patient) and Haven Ob/Gyn, LLC (hereafter referred to as "Haven") for prenatal services provided during the current pregnancy.

For the amount of \$2450 (two thousand four hundred fifty dollars) Haven agrees to provide routine prenatal care, delivery, and postpartum care. This fee includes all routine prenatal care, all standard ultrasounds (usually four in total), and the prenatal office visits. It does NOT include any visits for complaints unrelated to pregnancy (such as colds and flu) or any laboratory tests such as blood tests or pap smears. It also does not cover any costs associated with the hospital (such as the hospital stay or ER visits) or physicians not in practice with Drs. Moore or Jewell (such as specialists or anesthesiologists). The full \$2450 is due by all and there are no discounts given or partial payment for care with another provider.

Payment shall be made in the sum of \$350 (three hundred fifty dollars) at the first visit and then \$350 monthly for the next six months. Payment is due on the first office visit of each month after the first day of the month. In any event, the total amount should be paid in-full two calendar months prior to the baby's due date (for example if the due date is July 15, payment in-full is due by May 15). If I ever become more than four weeks behind on my payments or have not paid the full amount by 32 weeks gestation, Haven reserves the right to terminate this agreement and no longer provide medical services. Let this contract also serve as a notice to no longer provide medical care if this should happen.

I understand that I may qualify for Medicaid and that this may cover the costs associated with the hospital and/or anesthesia. Haven reserves the right to bill Medicaid or other third party insurance carriers for the delivery of the child and keep any payments obtained. If these claims are denied, I will not be responsible for any costs not specified in this contract. There is also no difference in charge for a vaginal delivery versus a C-section.

Certain high risk pregnancies may have additional costs, but these will be outlined well in advance of any additional charges being applied. Circumcision of male infants is also not covered by this agreement, but is available for an additional \$150 paid in advance of the birth. We have an arrangement with Genpath/Bioreference Labs for tests performed in our office to be done at a much reduced rate.

By signing this agreement I agree to the terms as outlined above. I understand that I may terminate this agreement at any time, but that the money is nonrefundable. I am entitled to have the results of any tests (labs and/or ultrasounds) performed up to the point of termination of the agreement.

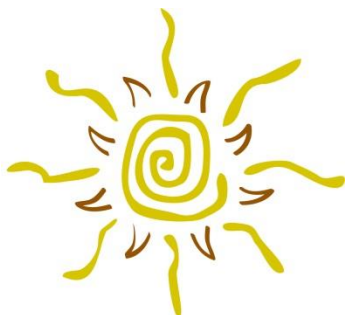
Sincerely,

Bradley B. Moore, MD

Date _____

Patient Signature _____

Date _____



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The following is a list of services covered by this agreement, but is not mutually exclusive:

Routine Labs and Estimated Costs

- Prenatal Panel (Includes the following): \$50
 - Blood type and antibody screen
 - HIV test
 - Hepatitis B screening
 - Complete blood count (check for anemia)
 - Rubella antibody
 - Syphilis screening
- Diabetes screening at 28 wks \$30
- Pap Smear with Gonorrhea/Chlamydia screening \$115
- Sickle cell testing \$70
- Group B Strep culture \$20
- Quad screen for Down Syndrome and spina bifida \$110

Optional or Additional and Estimated Costs

- Cystic fibrosis or other genetic screening
- Herpes testing
- Colposcopy, cervical biopsies for abnormal Pap smears \$150
- Parvovirus testing (Fifth disease)
- Thyroid testing (TSH and T4) \$30
- New Down Syndrome tests (also does gender) \$395

Non obstetrical problems such as colds/flu, abnormal pap smear visits, etc. are additional.

Ultrasounds are routinely done at the first visit, 12 weeks, 20 weeks and 28 weeks. Any other ultrasound may be additional. Time permitting, Haven may perform a 4-D ultrasound at the 12 and 28 week visits for no additional charge.