



# Understanding billing for your pregnancy care

**BILLED AT THE TIME OF SERVICE**

All lab tests, ultrasounds and non-routine visits are billed to your health insurance provider at the time of service. If required by your plan, you may be asked to pay a co-payment or your estimated portion of these services when you check in for your visit. You will be asked to pay any other amounts due—such as an outstanding prior balance on your account or fees for services for which you do not have benefits under your insurance plan.

The table below shows examples of some labs, ultrasounds and non-routine visits commonly billed at the time of service during pregnancy. This is not a complete list. Charges billed will depend on the care you receive.

**BUNDLED PREGNANCY COSTS**

For most commercial insurance plans, a bundled amount call the “global charge” is billed for routine professional services provided during the perinatal

period, including prenatal care, care provided by WHA during labor and delivery at the hospital, and postpartum care. We require a deposit, or pre-payment, equal to *the full amount of your estimated portion of this global fee by the beginning of the 36th week of your pregnancy*. Toward the end of your first trimester, our financial coordinator will research your benefits and prepare an estimate of your portion of the global charge assuming a routine vaginal birth. At that time, we will help you establish a payment plan to assure your deposit is paid by the beginning of your 36<sup>th</sup> week.

**BILLED BY OTHERS**

Outside laboratory charges (including genetic testing), hospital charges and other medical services will be billed by the organization or provider separately from your WHA charges.

TIME OF SERVICE	FIRST TRIMESTER	SECOND TRIMESTER	THIRD TRIMESTER	POSTPARTUM	
	Initial prenatal labs UTI and STI screening Pap test, if due	First trimester ultrasound	Complete ultrasound (including additional views or follow-up studies, if needed)	Gestational diabetes screening	Non-stress test(s), if needed
Non-routine visits (such as behavioral or mental health therapy or visits to address a particular problem)					
BUNDLED COSTS	FIRST TRIMESTER	SECOND TRIMESTER	THIRD TRIMESTER	POSTPARTUM	
		Begin OB deposit payment plan	OB deposit due in full by the beginning of your 36 <sup>th</sup> week.	Your portion of services that were different from those included in your estimated OB deposit, such as a c-section delivery.	