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Maternity Billing

Billing for maternity care can be complicated. The estimate given is based on “Global Maternity.” Global maternity covers all antepartum visits, postpartum visits, and the doctor’s fee for the delivery. This global maternity code will be billed at the time of delivery. Your estimate for your global maternity care is based off your benefits at your time of your initial OB visit at around 11 weeks of pregnancy. This may change during your pregnancy as your ultrasounds, labs etc. are applied to your deductible. The global maternity care estimate may also change IF: 1) your deductible re-sets from one year into the next year, 2) your insurance changes or 3) you transfer care to another office/physician. If your insurance changes or your transfer care, we will bill each insurance company for the services you received for the dates you were covered. This is all called split billing. Many times, this can ultimately increase the cost of your maternity care.

It is vital that you update us with any insurance changes so we may bill for the services in a timely manner. Your insurance has time limits during which we can submit a claim to them. If you do not inform us of any changes of insurance or that you are transferring care, you will create a “past timely filing” issue and thus a denial of your claim, leaving you with a large bill that you will be responsible for.

It is our office policy to collect a delivery DEPOSIT based on your insurance benefits and due date. This is held as a deposit for the delivery and is not applied to current claims. This amount will not reflect on your deductible until the claim is submitted when you deliver. In the event that a refund is owed after the delivery claim has been processed, it will be refunded to the card used for payment after all claims have been fully processed.