



Miami OBGYN Institute, LLC

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**PRICE LIST FOR OBSTETRICAL CARE FROM 30 WEEKS*OF PREGNANCY
DR.ALICIA ACON.**

AMOUNT DUE \$3800.00 (*VAGINAL DELIVERY*) *not including extra services that maybe required*

The package includes:

• **OBSTETRICAL CARE LIMITED TO THE FOLLOWING:**

Prenatal care/ Office visits, Blood work / REGULAR OB Panel, one hour glucose tolerance test would be included, if ordered by a physician, vaginal delivery, 2 post-partum care visits (must be done within six week after delivery)

NST, BPP

SERVICES ARE INCLUDED IF THEY WERE ORDERED BY THE DOCTOR: NST, BPP.

THOSE SERVICES ARE NOT INCLUDED AND REQUIRE ADDITIONAL PAYMENT AT THE TIME OF SERVICE:

Ultrasound	\$200.00
Rhogam Injections Administration	\$250.00 (injectable medication included)
NST	\$200.00 if not ordered by the doctor
BPP	\$200.00 if not ordered by the doctor
U/A Culture	\$75.00
GC/CT	\$150.00
Genetic tests/screenings	\$ to be discussed prior testing
Glucose GTT 3 Hour	\$300.00
Glucose GTT 2 Hour	\$200.00
C-section	\$750.00
Circumcision	\$1000.00 - at the office/ \$500.00 - at the hospital (hospital charge +\$500.00)
Tubal Ligation	\$1500.00
Twins	\$1000.00
VBAC(vaginal birth after c-s)	\$1000.00

*If by the time of signing up a contract you are less than 30 weeks of pregnancy - extra 1000\$ will be collected

*All other laboratory testing not mentioned above is an addition charge, price depends on a Lab test.

*If pregnancy is diagnosed as a High Risk because of any medical condition - additional **\$1000.00** is added to the over package

TOTAL AMOUNT DUE: \$_____

I have read and understand all terms and conditions of this contract and the payment schedule. I also understand that the total balance must be paid in full by the 32nd week of pregnancy, unless other arrangements made with a management. Payments will be on a schedule that is consistent with the office policy (Please be aware that the base fee of \$3800.00 is a global fee). If you break the contract or decide to switch OBGYN's, you will be accountable for each individual visit, whether it's a pre-natal, post-partum, screenings, labs, or ultrasounds performed separately).I also understand and agree that maximum claim that can be withdrawn through the litigation against Miami OBGYN Institute, LLC is an amount of \$3800. I also understand that because of the office type, different physician(s) maybe conduct my obstetrics care. I understand and agree that in case if a

doctor is not available because of illness, vacation time or any other reason and cannot see me, Miami OBGYN Institute, LLC may provide another OBGYN doctor for prenatal visits, delivery or postpartum care.

Patient's Full Name

DOB

Signature

Date