



Boris Petrikovsky MD

OBSTETRICS & GYNECOLOGICAL SURGERY, MATERNAL-FETAL MEDICINE
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CONTRACT FOR OBSTETRICAL CARE FROM 30 WEEKS* OF PREGNANCY

AMOUNT DUE \$14500.00 *not including extras*

The package includes:

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

Prenatal care = Office visits, pap & cultures (GBS, U/A), delivery, sonograms, 2 post-partum care visits, NST, BPP 1st Base Blood work (1 hour Sugar test, Prenatal Profile 1)

SERVICES ARE INCLUDED IF THEY WERE ORDERED BY THE DOCTOR: sonograms, NST, BPP. THOSE SERVICES ARE NOT INCLUDED AND REQUIRE ADDITIONAL PAYMENT AT THE TIME OF SERVICE:

Rhogam Injections Administration	\$25.00	
U/A Culture	\$75.00	
GC/CT	\$150.00	
AFP(Penta Test)	\$275.00	
Glucose GTT 3 Hour	\$200.00	
Circumcision	\$400.00 - done at the office	\$350.00 - done at the hospital
Tubal Ligation	\$3000.00	
V-bac	\$3000.00	

- *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.
- *Any other injectable that may be needed will be charged at the time of service.

- **OBSTETRICAL PROGRAM FOR NORMAL VAGINAL DELIVERY**

AT Jackson North Medical Center (TWO NIGHTS STAY) INCLUDES THE FOLLOWING:

Hospital Fee – Uncomplicated delivery of a full term, single live-born infant newborn, Labs, Single occupancy deluxe room, Hearing test, Hep B Vaccination for baby, Anesthesia.

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

C-section \$2250.00

*Above pricing does not include: Midwife, Radiologist, Pathology fees or Circumcisions. Patient will receive separate bill for these services.

TOTAL AMOUNT DUE: \$_____

If the patient is willing to prepay the contract and for some reason will not be able to come to USA, Sunny Medical Center is undertakes to refund prepaid amount with payment of the return transfer at the expense of the patient.

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 \$14500.00 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 Sunny Medical Center is an amount of \$3500. Please be aware that if you don't cancel your appointment within 24 hours of the scheduled time you will be charged a non-cancelled/no-show fee of \$50.00.

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, Sunny Medical Center may provide another OBGYN doctor for prenatal visits, delivery or postpartum visits.

Patient's Full Name

DOB

Signature

Date