

Mount Sinai

M E D I C A L C E N T E R

Mount Sinai Medical Center Routine Delivery Package

Patient name: _____

PACKAGE INCLUDES:

- All Hospital Charges (2 day stay) Mother from time of admission
- All Nursery Charges (2 day stay) Baby
- Pathologist
- Anesthesia (Whether it is used or not)

Total Price: \$ 3,500.00

***** ADDITIONAL CHARGES IF PATIENT STAYS EXTRA NIGHTS*****

	Mother	Baby
Regular Room (post or pre delivery) \$ 750.00 per day	x	x
Intermediate Nursery \$ 1,000.00 per day		x
Neo Natal ICU \$ 1,750.00 per day		x
Multiple Birth \$ 1,000.00 each baby		x

OPTIONAL

	Mother
Private Room \$ 150.00 Daily	x
ADP Mini Suite \$ 300.00 Daily	x
LDR Suite \$ 400.00 Daily	x
All Private rooms and suites are based on Availability	

EXCLUSIONS

This package excludes the following physician fees:

- **Obstetrician**
- **Pediatrician**
- **Neo-Natalogist Dr. Zabaleta & Dr. Adams 305-674-2727 (please contact Maydelis & Marisel for more information).**
- **Radiologist**
- **Pre/Post Labor Check**

IMPORTANT INFORMATION

The patient and/or family member/or guarantor hereby acknowledge and fully understand that this package price for services as above noted. It does not include additional services or expenses for any complications or increased length of stay that are not itemized above. The length of stay is an estimate of the maximum days the patient could stay in the hospital. The first day of package starts the day the mother gets admitted not the day of delivery occurs. No refund will be honored if discharge before estimated length of stay. **All rooms are semi-private.** Private rooms are available at an additional charge and can be requested at time of admission. The patient and/or guarantor will be responsible for the hospital and physician charges. Entire package amount must be paid by the 7th month of pregnancy or upon admission. Arrangements for payment of any additional hospital services will be paid prior to discharge. Medical services provided by physicians not indicated above are not included in the package fee and will be billed by the physician separately.

I understand that accepting the prompt payment package as stated in this agreement and if I disclose health insurance information at a later date, Mount Sinai Medical Center will not bill my health insurance carrier, as doing so may result in a higher cost to me as the patient or patient's guarantor. **Initials** _____

Adrie Montejo

International Services Dept.

Phone (305) 674-2774

Fax # (305) 305-674-2252

Date

Guarantor

Date

Mount Sinai

MEDICAL CENTER

Cesarean Section Package

Patient name: _____

PACKAGE INCLUDES:

- All Hospital Charges (3 day stay) Mother (From time of Admission)
- All Nursery Charges (3 day stay) Baby (From time of Admission)
- Pathologist
- Anesthesia (Whether it is used or not)
- Surgical Assistant

Total Price: \$ 6,300.00

***** ADDITIONAL CHARGES IF PATIENT STAYS EXTRA NIGHTS*****

	Mother	Baby
Regular Room (post or pre delivery) \$ 750.00 per day	x	x
Intermediate Nursery \$ 1,000.00 per day		x
Neo Natal ICU \$ 1,750.00 per day		x
Multiple Birth \$ 1,000.00 each baby		x

OPTIONAL

		Mother
Private Room \$ 150.00 Daily		x
Jr Deluxe \$ 250.00 Daily		x
Medium Deluxe \$ 300.00 Daily		x
ADP Mini Suite \$ 300.00 Daily		x
LDR Suite & High Deluxe \$ 400.00 Daily		x
All Private rooms and suites are based on Availability		

EXCLUSIONS

This package excludes the following physician fees:

- | |
|---|
| • Obstetrician |
| • Pediatrician |
| • Neo-Natologist Dr. Zabaleta & Dr. Adams 305-674-2727 (please contact Maydelis & Marisel for more information). |
| • Radiologist |
| • Pre/Post Labor Check |

IMPORTANT INFORMATION

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