

# DESERT MOUNTAIN OB/GYN, P.C.

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## TO OUR OBSTETRICAL PATIENTS:

In an effort to provide you with the best medical care, we have established the following policy to make payment of your prenatal care easy and stress free.

Our price for routine prenatal care and normal vaginal delivery is \$2900.00. Prenatal care with Cesarean Section delivery is \$3250.00.

Charges that are NOT INCLUDED in the above prices are ultrasounds, non-stress tests, lab work, injection, cultures, and office visits not related to the pregnancy (as determined by the doctor), hospital admissions, anesthesia and surgical assistant fees for a Cesarean Section.

If you have medical insurance, we ask that you provide us with a copy of your card. We will call your insurance company after your first visit to verify your benefits, eligibility and get pre-certification, if required. All deductibles, coinsurance and co-pays must be paid by the 20<sup>th</sup> week of pregnancy. If your insurance changes at any time, please let the office know immediately.

We hope your pregnancy will be an enjoyable one for you. If you have any questions or concerns regarding our policies, please feel free to contact Tracy in the billing department.

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I have read and fully understand the above letter. I understand I should not sign this form if I do not understand any of the information contained in the letter.

I realize as a patient, I am financially responsible for the bill, whether or not my insurance covers the delivery, and I accept that responsibility. I also understand that the estimated amount due should be paid before my 20<sup>th</sup> week of pregnancy.

**DO NOT SIGN UNLESS YOU HAVE READ AND UNDERSTAND THIS LETTER**

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date