



Women Gynecology & Childbirth Associates, P.C.

1815 South Clinton Avenue – Suite 610
Rochester, New York 14618

1630 Empire Blvd
Webster, New York 14580

103 Canal Landing Blvd – Suite 11
Rochester, New York 14626

585-244-3430

FINANCES

Financial Coverage

The fee for obstetrical care includes only the routine medical care related to your pregnancy. This includes the nursing obstetrical talk, the initial physician visit, subsequent routine prenatal visits, delivery and postpartum visits. Addition fees will be incurred for:

- Laboratory tests
- Diagnostic tests (ultrasound, x-rays, AFP, amniocentesis, genetic counseling, non-stress tests)
- Medication/injections
- Any additional surgery
- Any visit for a medical problem not related to every pregnancy (ie: urinary tract infections, kidney stones, labor checks, high blood pressure, hyperemesis, etc)

Copayments and/or coinsurance and/or deductibles will apply to all of these visits and are expected at the time of service.

If a change in your insurance occurs at any time during your pregnancy, you must notify us immediately. Please inform the receptionist and/or call our **Billing Office at (585)244-4360.**

If you have a copay, coinsurance and/or deductible plan, you will be responsible to pay this amount in full by your 36th week of pregnancy. You should notify your insurance whenever you go to the hospital.

Circumcision

Circumcision is an individual choice. If you wish your son to be circumcised, please let your provider know.

We will need the following information as soon as possible after your delivery: Your infants full name, insurance company, contract number and subscriber's name. You will be responsible for any payments if insurance information is not obtained.

We are happy to answer any questions.