Circle of Life
Women's Center

Prenatal Testing

In trying to keep all our patients up to date with standard recommendations in pregnancy & changes in technology, Circle of Life Women's Center would like you to understand the following:

During your prenatal care, multiple tests will be performed. We are providing this summarized document to help familiarize you with both the routine & optional testing as well as when to expect such tests.

***BEFORE your first prenatal appointment, we ask that you review the following information (both the front & back side of this document) and BRING this completed form with you to your first appointment. If you have additional questions, please ask your provider at your first prenatal appointment before completing & submitting this form.**

Required Testing

Prenatal Panel Blood Work (drawn at first prenatal appointment):
CBC, Blood Type, RH, HIV, Hepatitis B and C, Antibody Screen, RPR, TSH, Rubella
Urine Culture (collected at first prenatal appointment)
Chlamydia/Gonorrhea (collected at first prenatal appointment)
1 Hour Glucose Screening (26 - 28 weeks gestation)
3 Hour Glucose Screening (only done if 1 Hour Glucose Screening is failed)
Group B Strep Culture (35 - 37 weeks gestation)
PIH panel (if needed for Pregnancy Induced Hypertension)
Pap Smear (if needed)

*For detailed information on the above routine testing, please visit: www.acog.org & search routine tests during pregnancy.

Approximate Cost: If billed to insurance up to $1,200.00 & Self-Pay up to $800.00

Optional Testing (Fetal and Maternal Genetic Testing)

*Please select one or more tests if you would like them to be performed OR select the opt-out box and bring this form to your next appointment.

The following tests screen for **fetal genetic chromosomal abnormalities**. These test for Trisomy 21, Trisomy 18, & Open Neural Tube Defects (ex. Spina Bifida).

- ☐ Labcorp: A-Fetoprotein (AFP) Tetra Profile (15 - 20 weeks gestation). CPT Code = 82105. www.labcorp.com/tests. Approximate Cost: If billed to insurance up to $200.00 & Self-Pay up to $160.00.
- ☐ Natera Panorama: Non-Invasive Prenatal Testing (>= 10 weeks gestation). CPT Code = 81420. www.natera.com. Approximate Cost: If billed to insurance up to $2,500.00 & Self-Pay up to $249.00.
- ☐ Natera Panorama Extended Panel: Non-Invasive Prenatal Testing plus 5 additional microdeletions (>= 10 weeks gestation). CPT Code = 81422. www.natera.com. Approximate Cost: If billed to insurance up to $2,500.00 & Self-Pay up to $349.00. *(*not available for twins or egg donors)*

  ***Natera Panorama: Non-Invasive Prenatal Testing is recommended for Advanced Maternal Age (35 yrs. or older at time of delivery) and/or history of genetic abnormalities.**

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The following test is a **maternal screening for carrier genes of inherited diseases – specifically Cystic Fibrosis, Spinal Muscular Atrophy (SMA), & Fragile X.** This test can be done any time prior to conception and/or at any time during pregnancy.

- ☐ Natera: Carrier Screen. CPT Codes: (Cystic Fibrosis = 81220), (SMA = 81401), (Fragile X = 81243), & (BRCA1 & BRCA2 = 81162). www.natera.com. Approximate Cost: If billed to insurance up to $2,500.00 & Self-Pay up to $249.00.

I will review the different testing offered with my provider and have my questions answered before services are rendered. I recognize that while these tests are useful in determining possible abnormalities, they are not intended to detect all birth defects and detectable birth defects can be and are missed. The optional tests are screenings only and I understand that these optional tests cannot detect all abnormalities that can occur in pregnancy. I also realize that a positive result is not a 100% guarantee of an abnormality related to my unborn baby. In the instance of a positive result, additional measures will be taken to ensure proper care of myself and my unborn baby.

- ☐ I voluntarily am opting out of all optional testing.

I realize that I could be responsible for more lab bills than what it costs for my pregnancy when considering all the new lab options that are available. All blood work, cultures, and pathology are billed through outside labs. I am aware that my information will be shared with outside entities to assist with treatment, care, and/or collection of payment. I realize that even though these are the companies that Circle of Life Women's Center uses, they may not be in-network with my insurance company. I understand that these charges are separate from Circle of Life Women's Center and are not included in clinic prices. I agree that prices quoted to me are an estimate only and may not reflect the amount that I am responsible for. I understand that it is my responsibility to check benefits with my insurance company (applicable CPT Codes for each test are listed above) and that I am responsible for any balances left to me by my insurance company. Please contact the lab companies above directly for additional billing and/or insurance benefit questions. Circle of Life Women's Center's providers and office staff cannot guarantee insurance coverage on any type of service and therefore it is strongly recommended that insurance benefits are verified by the patient before services are rendered. This is the reason we are providing this document before your first prenatal appointment.

My signature indicates I fully understand and agree to the above terms. I authorize payment of my insurance benefits directly to the laboratory facility used for services and understand that all billing matters will be handled with the servicing company. I am aware that if any problems occur with the billing of these services, I will need to contact the outside companies directly as Circle of Life Women's Center is not affiliated with these companies.

_____
Print Patient Name

_____ _____
Patient Signature *Today's Date*

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www.colwc.com

Maternity Care Benefits

The process of coordinating benefits between you, your insurance company, and your doctor's office can be confusing. Maternity charges are typically billed out as "Global". This "Global" charge includes the doctor's portion of your prenatal visits and your delivery. Lab work, tests, ultrasounds, and procedures are charged out separately. We suggest you contact your insurance company as soon as possible to inquire about your maternity benefits. To help you feel prepared before calling them, we have provided a list of suggested questions below. If you do not have insurance, or if your insurance company will leave you owing some portion of the charges, please contact our billing department immediately to make payment arrangements. You will be asked to divide your financial responsibility throughout the course of your pregnancy care so please plan accordingly.

All payments and billing questions should be directed to:
1525 E. 6000 S. Suite A
South Ogden, UT 84405
Phone: (801) 337-5800
Payments can also be made on our website: www.colwc.com

- Do I need my doctor's office to contact you for a maternity authorization?
  *If so, please contact our billing department immediately.

- Where should I go to have any LAB work done (LabCorp, McKay-Dee, or Ogden Regional)?
  ***We typically use LabCorp – if your insurance requires a different lab, please inform your doctor/midwife.**

- At which hospital should I deliver (McKay-Dee or Ogden Regional)?

- What is my deductible? How does this work if I am pregnant this year but won't deliver until next year?

- After I meet my deductible, how much will I be responsible for?

- My doctor's office generally charges a minimum of two ultrasounds but depending upon my course of treatment, more ultrasounds may be needed. What is my coverage for ultrasounds?

- What are my contraceptive benefits after I deliver?

****PLEASE REMEMBER: IF YOU CHANGE INSURANCE COVERAGE DURING YOUR PREGNANCY IT IS VERY IMPORTANT THAT YOU NOTIFY US IMMEDIATELY.****

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