SEEBABY PERINATAL SEEBABY MIDWIFERY SEEBABY GYNECOLOGY

Home Birth Support and Back Up -- **We *Care* Together**

- **Consultation with Dr. Bootstaylor, Perinatologist** - This visit allows for you to meet Dr. Bootstaylor and become familiar with him as a provider, and allows for any questions or concerns to be addressed. The following topics are discussed:
    - **See Baby's supportive philosophy for Home Birth**
    - **Safety**
    - **Birth Options (e.g. Breech transfer)**
    - **Patient questions/concerns**
    - **Ultrasound at See Baby**
    - **Delivering Hospital – AMC**
    - **Pre-registration at AMC**
    - **Labs (e.g. Prenatal Panel)**
    - **In the Event of Transport**

    - **In the event of transport your midwife may escort you to the hospital and remain w/ you as support; your See Baby provider will meet you there to continue supportive clinical management**
    - **Pre-registration at Atlanta Medical Center (AMC) is required (please bring form to your first See Baby visit along with a copy of your insurance card & picture ID/drivers license)**
    - **Financial obligation**
    - ***See Baby's Backup Delivery fee is separate from your Midwife's and Atlanta Medical Center***
    - **Commercial health insurance** can be used for See Baby delivery fee - please make sure See Baby has your insurance information on file *prior* to your due date
        - Unmet deductibles will be balance billed
    - **State Medicaid** can be used for delivery in the hospital
        - Eligibility Inquiries (866) 211-0950

See Baby self pay rate: $3500 (vaginal or cesarean)

- ***See Baby must maintain both health insurance info (if applicable) <u>and</u> an on-file credit card number, for both self pay patients and/or unmet delivery deductibles in the event of Respectful Home Birth Transport, to Atlanta Medical Center.***
    - **You are asked to provide health ins info in case of delivery, even if being seen in See Baby's office as a self pay patient**
    - **After notification of your birth, See Baby's billing dept. will contact you via the email address on file, to inform you that payment will be processed using the provided cc info.**

- **Patient Consent/Authorization for credit card usage (Please sign below)**

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- **Name on card:_____**
- **Card Number: _____**
- **Security (CVV) code: _____**
- **Card Expiration Date:_____**

- **Hospital fee inquiries can be directed to:**
    - Patient Financial Services 866-904-6871.
    - Self pay patients should contact Patient Financial Services to make inquires and set up financial arrangements PRIOR to delivery