

# Walany & Hulse WOMEN'S CENTER

*We welcome you to our office as a new obstetrical patient:*

Our goal is to provide excellent medical care to you and your unborn child. you will be expected to be compliant in your care by following the physicians' treatment recommendations as provided. As physicians committed to the health and safety of you and your child, we reserve the right to perform drug screens for medical purposes only.

Please read all of the information below very carefully before you sign at the bottom. We will be happy to answer any questions you may have.

The total charge for vaginal delivery is \$3,300.00 and C-Section is \$3,800.00, This includes your routine office visits and your delivery. This does *not* include hospital charges, NST's, ultrasounds, lab work, or any problem visits unrelated to your pregnancy.

All obstetrical patients should have their total bill paid on or before their seventh month of pregnancy. We will file your insurance, however you will need to set up a payment plan as soon as possible for the amount not covered by your insurance plan.

If you are past your seventh month of pregnancy, please let the front desk know immediately.

If you are not covered by insurance, please let the front desk know immediately, so that we may go over the charges and set up a payment plan.

If you are under an insurance plan that we take assignment on, you are still responsible for your co-pay, deductible, and any charges your insurance does not cover.

Remember that filing insurance claims for you is a service we provide at no charge. However, it is in no way relieves you of the responsibility of your bill. If your insurance has not paid your claim within 60 days of the date of your delivery, your account is due *in full* by you. Remember your physician does not have a contract with your insurance carrier, you do.

Please provide your signature and today's date for our records verifying that you have read and understand this document.

I authorize the release of any medical information necessary to process insurance claims. I authorize and permit payment directly to the provider. I recognize and accept personal responsibility for any balance remaining after payment of such benefits.

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Patient Signature

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Date

# W *falany & hulse* WOMEN'S CENTER

## CYSTIC FIBROSIS SCREENING

### WHAT IS CYSTIC FIBROSIS?

CF is an inherited disease that occurs most often in people whose ancestors come from Northern and Western Europe. In Northern Europe Caucasians and people of Ashkenazi Jewish descent, approximately one infant out of every 3,300 live births will be born with CF. People of other ethnic groups also have CF, but not as frequently. For example, one in 8,400 Hispanic Americans, one in 14,400 African Americans, and only one in 32,400 Asian Americans will be born with CF.

People who have cystic fibrosis have high levels of sodium and chloride (salt) in their sweat. More importantly, a thick, sticky mucous in the lungs causes persistent coughing, wheezing, and frequent lung infections, including pneumonia. Some affected children have difficulty gaining weight even though they eat normally. These children have very low amounts of pancreatic enzymes, which prevents body from breaking down food and extracting the nutrients needed for growth. Such CF symptoms can be either mild or severe.

### WHO SHOULD HAVE CYSTIC FIBROSIS CARRIER SCREENING?

This is a decision that you, your partner, and your doctor must make. Generally, carrier screening is offered to couples when one partner has CF. It is also offered to individuals who have a family history of CF, such as those who already have a child with CF or those who have a close relative with CF. Additionally, carrier screening is offered to non-Jewish Caucasians and Ashkenazi Jewish people. All of these people have relatively high risk of being CF carriers. CF carrier screening is performed on a small sample of your blood. During the test, the laboratory will find out if you carry one of the more common changes to the CF gene. Your doctor will provide the lab with information about your race, ethnicity, and any personal or family history of CF to help with interpretation of the results.

CF carrier screening cannot tell you for sure if you will, or will not, have a child with cystic fibrosis. Carrier screening will, however, give you important information that will help you make the best possible decision for you and your family.

### CYSTIC FIBROSIS SCREENING TEST

I have been given information and an opportunity to ask questions about Cystic Fibrosis Screening.

\_\_\_\_\_ I choose to have my blood test.

\_\_\_\_\_ I choose NOT to have my blood tested.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date